Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **April 16-30**, **2005.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION		2. DATE SUBMITTED		Applica Intifier	
FEDERAL ASS	SISTANCE	April 126,	2005		
1. TYPE OF SUBMISSION: Application	Preapplication	3. DATE RECEIVED BY S	TATE	State Application Identifier	
Construction	Construction	4. DATE RECEIVED BY F	EDERAL ACENCY	Federal Identifier	
☐ Non-Construction	☐ Non-Construction	4. DATE RECEIVED BY P	EDERAL AGENCY	rederar identifier	
S. APPLICANT INFORMATIO		L			
egal Name:			Organizational Un	it:	•
	gham Park Water	District		nty Special Dist:	
Address (give city, count	y, state, and zip code):		Name and telepho	one number of the person to be contained area code.	tacted on matters involving
	stlake Drive		1		9145 Home
Kelseyv:	ille, CA 95451		ROBELO		8568 Office
6. EMPLOYER IDENTIFICA	TION NUMBER (FIN):		7. TYPE OF APPLIC	CANT: (enter appropriate letter in b	ox) G
		8 8 3	A. State	H. Independent Schoo	l Dist.
9 4	_ 2 5 1 8	1 0 0 3	B. County C. Municipal	I. State Controlled Ins J. Private University	stitution of Higher Learning
. TYPE OF APPLICATION:			D. Township	K. Indian Tribe	
	New Continuation	on 🔲 Revision	E. Interstate	L. Individual	
	-i l-Mar(a) i- b()		F. Intermunio		
f Revision, enter appropr A. Increase Award	riate letter(s) in box(es):	Increase Duration	G. Special Dis	miles 14. Other (Opcony)	AND ADDRESS OF THE PARTY OF THE
D. Decrease Duration	B. B. C.		9. NAME OF FEDE	RAL AGENCY:	
	•			ural Development	
	L BOMESTIC		11 DESCRIPTIVE	TITLE OF APPLICANT'S PROJECT:	
10. CATALOG OF FEDERA ASSISTANCE NUMBER	R: 1 0	a 7 6 0		ngham Park Water	District
TITI C.	_ •		Improv	ement Program to	Increase
	& Waste Disposa	il Loan &	Water	Plant Production	and Storage
12. AREAS AFFECTED BY	Program PROJECT (cities, counties, state	es, etc.):	Capac	itv as Required b	y DHS
County of	Lake Rural Con	nmunity	Compl	iance Order 02-03	3-04CO-001.
Water Dis		-			
	l., eavened	NONAL DISTRICTS OF			
13. PROPOSED PROJECT	Ending Date a. Applicant	SIONAL DISTRICTS OF:		: b. Project	
	05/06 1st (Congression	al Distri	ct 1st Congressi	onal District
10/03	03/00			:	
15. ESTIMATED FUNDING		16. IS APPLICATI	ON SUBJECT TO RE	VIEW BY STATE EXECUTIVE ORDER 12	372 PROCESS?
a. Federal		.00 a. YES. 3	THIS PREAPPLICAT STATE EXECUTIVE	ION/APPLICATION WAS MADE AVA ORDER 12372 PROCESS FOR REV	VIEW ON:
	597,000				
b. Applicant	\$ 168,000	.00	DATEApri	1 26, 2005	PEC APR 2
c. State	\$.00	T ppoor****	NOT COVERED BY E.O. 12272	/ '50
		b NO. [PHOGRAM IS	NOT COVERED BY E.U. 12372	/ APD
d. Local	\$.00		HAS NOT BEEN SELECTED BY ST	TATE FOR BENEW "72
			CHTHOGHAN		MIECIN
e. Other	\$ 180,000	.00		NOT COVERED BY E.O. 12372 HAS NOT BEEN SELECTED BY ST	EARIN
4. D	•	.00 17. IS THE APP	LICANT DELINGUENT	ON ANY FEDERAL DEBT?	
f. Program Income	\$				F₹ No
g TOTAL	\$ 045 000	.00 Yes	If "Yes," attach a	n explanation.	X No
	945,000				
18. TO THE BEST OF MY	KNOWLEDGE AND BELIEF, ALL D	ATA IN THIS APPLICATION	PREAPPLICATION A	RE TRUE AND CORRECT, THE DOCUM	ENT HAS BEEN DULY ASSISTANCE IS AWARDED
		NT AND THE APPLICANT		THE ATTACHED ASSURANCES IF THE	
a. Typed Name of Auth	_		b. Title	n of the Board	c. Telephone number 707 279-9145
Robert B			1 CHAILMA	II OI OIIC DOGIA	e. Date Signed
d. Signature of Author	rized Representative	•			_
- tober	y I Jung				04/26/2005
Previous Editions Not U	Jsable			St	andard Form 424 (REV 4-8 escribed by OMB Circular A-1

ADDI ICATION TOD				}	Version 7/0
APPLICATION FOR FEDERAL ASSISTANCE	E	2. DATE SUBMITTED		Applicant Iden	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	ion Identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGEN	CY Federal Identi	fier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION	- Continues of the Cont				
Legal Name:			Organizational l	Unit:	
Sherwood Valley Band of Pomo	o Indians		Housing (Norther	rn Circle Indian Hous	sing Authority)
Organizational DUNS: 178044939			Division:		
Address:					rson to be contacted on matters
Street: 190 Sherwood Hill Drive			Prefix:	pplication (give are First Name:	a code)
City		www.co.co.co.co.co.co.co.co.co.co.co.co.co.	Ms Middle Name	Darlene	**************************************
City: Willits					
County: Mendocino			Last Name Tooley		
State: CA	Zip Code 95490		Suffix:		
Country:	30,00		Email:		
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):	40-40-40-40-40-40-40-40-40-40-40-40-40-4	ncihatrb@pacific		Fax Number (give area code)
9 4 - 2 4 4 7 3 2 7			707/468-1336	,	707/468-5615
8. TYPE OF APPLICATION:			7. TYPE OF APP	PLICANT: (See bac	k of form for Application Types)
₩ Ne		on 🖺 Revision	K. Indian Tribe		
If Revision, enter appropriate let (See back of form for description	tter(s) in box(es) n of letters.)		Other (specify)		
	,			DEDAL ACENOV	
Other (specify)			USDA - Rural De	DERAL AGENCY: evelopment	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:			CANT'S PROJECT:
		10-760	Water and Wast	e Water Facilities to	serve Low Income Housing project.
TITLE (Name of Program):					
12. AREAS AFFECTED BY PF	ROJECT (Cities, Countie	es, States, etc.):			
Sherwood Valley Rancheria, M	lendocino County, CA				
13. PROPOSED PROJECT				IONAL DISTRICTS	
Start Date: July 1, 2005	Ending Date: June 30, 2007		a. Applicant First		b. Project First
15. ESTIMATED FUNDING:	Julie 60, 2007		[TION SUBJECT TO	REVIEW BY STATE EXECUTIVE
a. Federal \$		00	ORDER 12372 P	ROCESS?	N/APPLICATION WAS MADE
b. Applicant \$		800,000	a. res. 📂 AVA	ILABLE TO THE ST	ATE EXECUTIVE ORDER 12372
	a transmitted with a min a principal field of the Experimental Security Court which classes and an experimental transmit	. 00			,, o,,
c. State	RECEIVE) '	DAT	E: April 29, 2005	
d. Local	Transaction Control of the Control o	.00	b. No. 🗍 PRC	GRAM IS NOT CO	/ERED BY E. O. 12372
e. Other \$	APR 2 9 2005	00		PROGRAM HAS NO	T BEEN SELECTED BY STATE
f. Program Income \$					NT ON ANY FEDERAL DEBT?
g. TOTAL ST	ATE CLEARING HO	00,000 ·	─ ☐ Yes If "Yes" a	attach an explanation	n. 🗵 No
18. TO THE BEST OF MY KNO	OWLEDGE AND BELIE				
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF			THE APPLICANT	AND THE APPLICA	ANT WILL COMPLY WITH THE
a. Authorized Representative		AVVAINDED.			
Prefix Mr.	First Name Michael		M	liddle Name	
Last Name Fitzgerral	1		S	uffix	
b. Title Chairman				Telephone Number 07/459-9690	(give area code)
d. Signature of Authorized Repr	esentative			. Date Signed	

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APPLICATION FOR		2. DATE SUBMITTED		Applicant Identifier		
FEDERAL ASSISTAN	NCE	04/26/2005				
1. TYPE OF SUBMISSION:		3. DATE RECEIVED	BY STATE	State Applic	cation Identifier	
Application	Preapplication					
✓ Construction	☐ Construction	4. DATE REGEIVED	BY FEDERAL AGENCY	Federal Ide	ntifier	
Non-Construction	☐ Non-Construction					
5. APPLICANT INFORMATION	<u> </u>		Organizational Unit:			
* Legal Name: The East Los	Angeles Community Union (T	ELACU)	Department:			
* Organizational DUNS:	010720597		Division:			
Address:			Name and telephone num this application (give area		to be contacted on matters involving	
* Street1: 5400 E. Olympic Bl	vd., Suite 300				om	
Street2:			Middle Name: Florencio			
* City: Los Angeles	County Los Ang	eles	* Last Name: Provencio			
* State: CA * Zip	Code: 90022 * Cou	ntry USA			encio@telacu.com	
6. * EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		* Phone Number (give are	L	Fax Number (give area code)	
95-2554256	-	EN/EM	323.721.1655	3	323.721.3560	
8. TYPE OF APPLICATION:	REC	EIVED	7. * TYPE OF APPLICAN	T: ation (Oth	ner than Institution of F	
✓ New ☐ Continuate	tion Revision	29 2005	Other (specify)			
If Revision, enter appropriate lette	(C) 20x(CC)					
A. Increase Award B. Decrease Awa	ard C. Increase Duration	CLEARING HOUSE	9. * NAME OF FEDERAL			
D. Decrease Duration Other (specify)	STATE	AND THE RESERVE OF THE PROPERTY OF THE PROPERT	US Department of Housin	g and Urban I	Development	
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE	14.157	11. * DESCRIPTIVE TITE	_E OF APPLI	CANT'S PROJECT:	
TITLE: Supportive Housing for the	e Elderly		Supportive Housing for t	he Elderly		
12. * AREAS AFFECTED BY PF	ROJECT (Cities, Counties, States,	etc.):				
City of Pomona, County of L.A.,	CA					
13. * PROPOSED PROJECT:			14. * CONGRESSIONAL	. DISTRICTS		
* Start Date	* Ending Date		* a. Applicant		* b. Project	
			34		38	
15. * ESTIMATED FUNDING:			16. IS APPLICATION SU ORDER 12372 PROCES		REVIEW BY STATE EXECUTIVE	
* a. Federal	\$ 9,300,00	0.00	a. YES. THIS PREAPPLIC	ATION/APPLIC	CATION WAS MADE AVAILABLE TO	
* b. Applicant	\$		4		PROCESS FOR REVIEW ON:	
* c. State	\$		✓ YES DAT	E 04/26	/2005	
* d. Local	\$ 149,27	5.00			ED BY E.O. 12372	
* e. Other	\$				EEN SELECTED BY STATE FOR REVIEW	
* f. Program Income	\$		17. IS THE APPLICANT	DELINQUEN	IT ON ANY FEDERAL DEBT?	
g. TOTAL	s 9,449.27		Yes If "Yes," at			
18. * TO THE BEST OF MY KNOWLEDG GOVERNING BODY OF THE APPLICAN	E AND BELIEF, ALL DATA IN THIS A T AND THE APPLICANT WILL COMF	APPLICATION/PREAPPLIC PLY WITH THE ATTACHED	ATION ARE TRUE AND CORRECT ASSURANCES IF THE ASSISTAN	r. THE DOCUMEI NCE IS AWARDE	NT HAS BEEN DULY AUTHORIZED BY THE D.	
a. Authorized Prefix:	* First Name:	om	Middle	Name Flore	encio	
Representative * Last Name	e: Provencio				Suffix:	
* b. Title: Authorized Agent		* c. Tel	ephone Number (give area	code): 323.7	21.1655	
* Email: tprovencio@telacu.co	om An	fax Nu	mber (give area code):	323.7	721.3560	
d. Signature of Authorized Repre	esentative:	eted or submission to	Grants.gov e. Date	Signed: Cor	mpleted observer is sion to Grants.gov	
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APPLICATION FOR

Authorized for Local Reproduction

NO.503

PART I - FACE SHEET

APPLICATION FO	R FEDERAL ASSIS	TANCE	1. TYPE OF SUBMISSION: Nag-Construction				
28. DATE SUBMITTED TO CORPORAL FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	TION 3. DATE RECEIVED BY STA	TE:	STATE APPLICATION IDENTIFIER:				
04/28/05 2b. APPLICATION ID:	4. DATE RECEIVED:		GRANT NUMBER:				
059R053130	04/28/05		04SRPCA011				
6. APPLICATION INFORMATION							
LEGAL NAME: County of Sacramento De DUNS NUMBER: 143696339 ADDRESS (give atreat address, city, a 2433 Marconi Avenue Sacramento CA 95821 - 4807		PERSON TO AMBE: Laur TELEPHONE FAX NUMBE	NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Lauren Anderson TELEPHONE NUMBER: (916) 875-3664 FAX NUMBER: (916) 875-3799 INTERNET E-MAIL ADDRESS: anderson (Operatory and				
6. EMPLOYER IDENTIFICATION NUM	BER (EIM:	7, TYPE OF					
946000529 a. Type of application:	ONTINUATION	7a. Local Gov 7b. Local Bob Area Agen Hasith De	7a. Local Government - County 7b. Local Education Agency Area Agency on Aging Health Department Local Government, Musicipal APR 2 9 2005 STATE CLEARING HOUSE				
			FEDERAL AGENCY: ration for National and Community Service				
10a. CATALOG OF FEDERAL DOMEST 10b. TITLE: Retired and Senior Volunte 12. AREAS AFFECTED BY PROJECT (Sectamento, Yolo and Placer Counties	er Program		TIVE TITLE OF APPLICANT'S PROJECT: Secremento				
13. PROPOSED PROJECT: START DAT	E: 07/01/04 END DATE: 06/30/0	7 14. PERFORM	ANCE PERIOD: START DATE: END DATE:				
5. ESTIMATED FUNDING:		18. IS APPLICA	ATION BUBIECT TO REVIEW BY STATE EXECUTIVE				
8. FEDERAL	\$ 102,449.00	ORDER 12972	PROCESS?				
b. APPLICANT	\$ 53,392.00		PREAPPLICATION/APPLICATION WAS MADE AVAILABLE				
c. STATE	\$ 0.00	REV	IME STATE EXECUTIVE ORDER 12372 PROCESS FOR NEW ON: E: 28-APR-03				
d. LOCAL	\$ 53,392,00		2071.1143				
e, OTHER	\$ 0.00						
1. PROGRAM INCOME	\$ 0.00	17. IS THE APP	PLICANT DELINQUENT ON ANY FEDERAL DEST?				
g. TOTAL	\$ (55,841.00		YES If "Yes," attach an explanation.				
8. TO THE BEST OF MY KNOWLEDGE ULY AUTHORIZED BY THE GOVERNI AWARDED.	AND BELIEF, ALL DATA IN THIS APPL NG BODY OF THE APPLICANT AND TO	ICATION/PREAPPLICATE APPLICANT WILL	ATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE				
TYPED NAME OF AUTHORIZED REP	RESENTATIVE: 6. TITLE:		c. TELEPHONE NUMBER:				
Kotharine De Young	Program Mon	18cz	916.875.35E2				
Kathani De	1om q		d. DATE: 04/28/05				
			· · · · · · · · · · · · · · · · · · ·				

APPLICATION FOR					Version 7/0
FEDERAL ASSISTANCE		2. DATE SUBMITTED	04-26-05	Applicant Iden	ntifler
1. TYPE OF SUBMISSION:		3, DATE RECEIVED E	YSTATE	State Applica	tion Identifier
Application	Pre-application	4. DATE RECEIVED E	Y FEDERAL AGE	NCY Federal Identi	ifier
Construction	Construction		TEDETOTE ROLL		
Non-Construction 5. APPLICANT INFORMATION	☐ Non-Constructi	on			
Legal Name:			Organizational	Unit:	
City of Lompoc - L	ompoc Airpo:	Spinor Control of the	Department Pu	blic Works	
	200019	RECEIVE	pivision: Av	iation/Trans	
Address: Street:		APR 2 8 200	Name and tele	phone number of pe application (give are	erson to be contacted on matters
100 Civic Center P.	1	MIN 20 200	Prenx:	First Name: Richard	
	Taza	STATE OF EARING	Mr.	Kichard	
City: Lompoc		STATE CLEARING HO	Last Name		
County: Santa Barbara	Zio Code			Fernbaugh	
State: CA	934	436			
Country: USA			Email:	cobaugh@ci.lo	OMDOC. CA.115
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number	cnbaugh@ci.lo (glve area code)	Fáx Number (give area code)
9°5-6000734			805-875-		805-875-8368
8. TYPE OF APPLICATION:			7, TYPE OF AP	PLICANT: (See bac	k of form for Application Types)
☑ Now If Revision, enter appropriate lette (See back of form for description	r(s) in box(es)	atio⊓ ☐ Revision	C Other (specify)	,	
(OCC DECK OF TOTAL TOT GOOD PROFILE					
Other (specify)				DERAL AGENCY:	for the property of
10. CATALOG OF FEDERAL D	OMESTIC ASSISTA	ANCE NUMBER:		Aviation Adm VETITLE OF APPLI	CANT'S PROJECT:
		20-106	1	Master Plan	
TITLE (Name of Program):	FAA-AIP				opadus
12. AREAS AFFECTED BY PRO		sting States at 1:			
Lompoc - Santa Bar					
13. PROPOSED PROJECT			14. CONGRESS	IONAL DISTRICTS	OF:
Start Date:	Ending Date:		a. Applicant		b. Project
07-01-05 15. ESTIMATED FUNDING:	1 06-30-06_		16 IS APPLICA	TION SUBJECT TO	REVIEW BY STATE EXECUTIVE
a. Federal \$		· io	ORDER 12372 P	ROCESS?	· -
	142	,500	a. Yes. 🔯 THIS	S PREAPPLICATION ILABLE TO THE STA	/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$.00	PRO	CESS FOR REVIEW	VON
c. State \$	7	,125	DAT	E:	
d. Local \$		375	b. No. III PRO	GRAM IS NOT COV	ERED BY E. O. 12372
e. Other \$, no			F BEEN SELECTED BY STATE
f. Program Income \$, no		REVIEW LICANT DELINQUEN	T ON ANY FEDERAL DEBT?
g. TOTAL \$	150	,000	☐ Yes If "Yes" s	ittach an explanation.	. 🖾 No
18. TO THE BEST OF MY KNOW OCUMENT HAS BEEN DULY A TTACHED ASSURANCES IF TH	U I D U K (IP (#C)VERNING HMINV NE	I ICATION/BBEAL	OLICATION ARE T	DUE AND BOSDEAS THE
Authorized Poprocontative		AVAILUE.			V 4000
Mr.	Irst Name Gary	MA -	Mi	ddie Name	
ast Name Keefe		V	Su	lffix	
Tillo City Adminis		Note: Voimile	/тат с.	Telephone Number (give area code)
Signature of Authorized Represe		¥		805-875-820	3
revious Edition Usable		<u> </u>	0.	18A	PRUS
uthorized for Local Reproduction	111				Standard Form 424 (Rev.9-2003)

FEDERAL ASSISTANCE	ŧ	2. DATE SUBN June 9, 2004	VITTED		Applicant Identifier		
1. TYPE OF SUBMISSION:	Dra analia-ti	3. DATE RECE	IVED BY	STATE	State Application Identifier		
Application Construction	Pre-application Construction	4. DATE RECEIVED BY FEDERAL AGI		FEDERAL AGEN	ENCY Federal Identifier		
Non-Construction	Non-Construction						
5. APPLICANT INFORMATION				Oitii	I_IA		
Legal Name:				Organizational Department:			
March Joint Powers Authority Organizational DUNS:	The second section of the section of th	Current Name and Advantage and	 	March Joint Pow Division:	ers Authority	And the second s	
799839428		VED					
Address: Street:	HEVEL	V Land			none number of pe pplication (give are	erson to be contacted on matters ea code)	
P.O. Box 7480	APR 28	2005		Prefix: Ms.	First Name: Lori		
City: Moreno Valley				Middle Name M.			
County: Riverside	STATE CLEARI	NG HOUSE		Last Name Stone			
State: CA	Zip Code 92552	- period de la constante de la		Suffix:			
Country: USA				Email: stone@marchips	a com		
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):			Phone Number (Fax Number (give area code)	
33-0579359]			(909) 656-7000		(909) 653-5558	
8. TYPE OF APPLICATION:			**************************************	7. TYPE OF APP	LICANT: (See bac	k of form for Application Types)	
	v Continuation	n 🗌 Revis	ion	С			
(See back of form for description	of letters.)	П		Other (specify)			
Other (specify)					DERAL AGENCY: opment Administrati	on	
10. CATALOG OF FEDERAL I	OMESTIC ASSISTANC	E NUMBER:			•	CANT'S PROJECT:	
		1 1-3	07			by building demolition to enable	
TITLE (Name of Program):		اک نانا	الشالت.	economic development of former military base.			
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	, States, etc.):		1			
Cities of Moreno Valley, Perris,	Riverside and County of	Riverside, Califo	ornia				
13. PROPOSED PROJECT					IONAL DISTRICTS	OF: Congressman Ken Calvert, 44	
Start Date:	Ending Date:			a. Applicant March Joint Pow	ers Authority	b. Project Arnold Heights	
15. ESTIMATED FUNDING:				16. IS APPLICA' ORDER 12372 P		REVIEW BY STATE EXECUTIVE	
a. Federal \$		950.000	J	A Vos TA THIS	PREAPPLICATION	VAPPLICATION WAS MADE	
b. Applicant \$		105,555	,	_ AVA	CESS FOR REVIE	ATE EXECUTIVE ORDER 12372 N ON	
c. State \$,000,000	, ———	DAT	E: June 9, 2004		
d. Local \$,	I pm PRO	GRAM IS NOT COV	/ERED BY E. O. 12372	
e. Other		00	,	D. NO. LLE		T BEEN SELECTED BY STATE	
f. Program Income \$		- 00		FOR	REVIEW	NT ON ANY FEDERAL DEBT?	
				17. IS THE APPL	TOWN DELINGUE		
g. TOTAL \$		1,055,555 `		1	ttach an explanation		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	WLEDGE AND BELIEF, AUTHORIZED BY THE	, ALL DATA IN '	THIS APP	LICATION/PREAL	PPLICATION ARE	TRUE AND CORRECT. THE	
ATTACHED ASSURANCES IF 1							
a. Authorized Representative Prefix Mr.	First Name Philip				ddle Name	VA .	
Last Name	Lumb			Si	ıffix		
Rizzo b. Title				c.	Telephone Number	(give area code)	
d. Signature of Authorized Rand	gentative D			(9	09) 656-7000 Date Signed	-	
	1 U. Mys	<i>A</i>			une 8, 2004	Olandard France (04 /D 0.0000)	
Previous Edition Usable Authorized for Local Reproduction	1 00					Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102	

						Version 7/03
APPLICATION FOR EEDERAL ASSISTANCE		2. DATE SU	BMITTED 04	/22/2005	Applicant Identi	
TYPE OF SUBMISSION:		3. DATE RE	CEIVED BY S		State Application	n Identifier
Application	Pre-application	4 DATE RE	CEIVED BY F	EDERAL AGENCY	Federal Identific	er
⊠ Construction	☐ Construction	4. DAIL			F-97-	B. Amendment #4
Non-Construction APPLICANT INFORMATION	Non-Construction				IA:	
Legal Name: State of Califo	miaDECEN	/ED		Organizational Un Department: Dep		h and Game
	MECEN					
Organizational DUNS:	APR 2.7	2005		Division: Fisherie	s Programs Bi	son to be contacted on matters
Address:				involving this app	lication (give area	1 COGE)
Street: 1812 Ninth Street	STATE CLEARING	G HOUSE	,	Prefix:	First Name: C	arolyn
City: Comments				Middle Name	•	
Sacramento				Last Name Mu	rata	
County: Sacramento	2la Codo			Suffix;		
State: CA	Zlp Code 95814			Email:	Q 16	
Country: USA				Phone Number (gi	@dfg.ca.gov	Fax Number (give area code)
6. EMPLOYER IDENTIFICATI				(916) 445-355		(916) 445-4044
94-169756	7			7 TYPE OF APPL	JCANT: (See bac	k of form for Application Types)
8. TYPE OF APPLICATION:	ew ☐ Continuat		levislon	A. State	•	
If Revision, enter appropriate le	etter(s) in box(es)	N C I	·	Other (specify)		·
(See back of form for description	on of letters.)			1, 1,	TO M. AGENOV.	
Other (specify)				9, NAME OF FED U.S. Depar	tment of interio	r, Fish and Wildlife Service
10. CATALOG OF FEDERAL	DOMESTIC ASSISTA	NCE NUMBE	R:	11. DESCRIPTIV	E TITLE OF APPL	ICANT'S PROJECT:
r		15	605	Amendment #	44 to Motorboat	Access Enhancement South Shore Public Access.
TITLE (Name of Program): S	port Fish Restoration	on Act		Requesting a	n extension due	e to septic and legal
12. AREAS AFFECTED BY P	ROJECT (Cities, Count	les, States, e	tc.):	problems cau	sing delays. N	o changes to Total Grant
San Luis Obispo				Cost.	ONAL DISTRICTS	OE:
13, PROPOSED PROJECT	Ending Date: 12	10.1.10.005		a. Applicant 3	ONAL DISTRIBITE	b. Project 22
Start Date: 10/01/2001	12	/31/2005		_	TION SUBJECT TO	REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:				ORDER 12372 P	ROCESS7	NIADELICATION WAS MADE
a. Federal	\$	1	,765,362.00	a, Yes. AVA	ILABLE TO THE S	N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372
b. Applicant	\$) PRC	CESS FOR REVIE	
c. State	\$		588,454.0	DAT	E: 4-27	-05
d. Local	\$		000,101.14	b, Na. D PRO	GRAM IS NOT CO	VERED BY E. O. 12372
	\$			OR	PROGRAM HAS N	OT BEEN SELECTED BY STATE
e. Other	7				REVIEW	ENT ON ANY FEDERAL DEBT?
f. Program Income	3					_
g. TOTAL	S		2 <u>,353,816.0</u>	0	attach an explanati	on. No
18. TO THE BEST OF MY K DOCUMENT HAS BEEN DU ATTACHED ASSURANCES	LY AUTHORIZED BY I	HE GOVERN	IING BODT OF	PPLICATION/PREA F THE APPLICANT	AND THE APPLIC	TRUE AND CORRECT. THE CANT WILL COMPLY WITH THE
a. Authorized Representative)		-	<u> </u>	Middle Name	
I - ANI-	First Name Rene	 		- 5	Suffix	
Last Name Renwick					. Telephone Numb	er (give area code)
b. Title Deputy Director.	Administration	 1	<u> </u>		(916) 653-463	3
d. Signature of Authorized Re	epresentative D	Cenil.	arely		Jane digited (25/05 \$tandard Form 424 (Rev.9-200
e de la			- //			

Previous Edition Usable Authorized for Local Reproduction Prescribed by OMB Circular A-102

PPLICATION FOR EDERAL ASSISTANCE	:		2. DATE SUBMIT	TED O	1/22/2005	Applicant Identi	fier	Version 1705	
			3. DATE RECEIVED BY STATE			State Application Identifier			
I. TYPE OF SUBMISSION: Application Construction	□ c	application onstruction n-Construction	4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identific		Amendment		
Non-Construction APPLICANT INFORMATION		n-construction	The state of the s		O	i 4 '			
egal Name: State of California RECL					Organizational Un Department: Department	artment of Fis	h a	nd Game	
Organizational DUNS: APR 2.7 (7 2005		Division: Fisheries Programs Branch Name and telephone number of person to be contacted on matters involving this application (give area code)				
				-					
Street: STATE CLE		ARING HOUSE		Prefix: First Name: Carolyn					
City: Sacramento					Middle Name				
County: Sacramento						rata			
State: CA	Zīp (95814			Suffix:				
Country: USA					Email: cmurata	@dfg.ca.gov			
6. EMPLOYER IDENTIFICATI	ON NU	IMBER (EIN):			Phone Number (giv	e area coda)	1	Number (give area code)	
94-169756		• • •			(916) 445-355		1 '	16) 445-4044	
8. TYPE OF APPLICATION:	<u> </u>	-			7. TYPE OF APPL	ICANT: (See bac	k of fo	orm for Application Types)	
☐ No f Revision, enter appropriate le	ew etter(s)	☐ Continuation box(es)	on 🗷 Revisio	on	A. State				
See back of form for description	n of le	tters.)			Other (specify)				
Other (specify)		107-1	-		9. NAME OF FED U.S. Depart	ERAL AGENCY: ment of Interior TITLE OF APPLI	r, Fis	h and Wildlife Service	
TITLE (Name of Program): S 12. AREAS AFFECTED BY P Sacramento County	port F	ish Restoratio	15-60 n Act es, States, etc.):	0121	Project for the extension due disabled personal Grant C	City of Isleton to problems won access to those.	Pub rith the e bo	ess Enhancement lic Access. Request for he elevator lift for at dock. No changes to	
13. PROPOSED PROJECT					a. Applicant 3	ONAL DISTRICTS	OF:	Project 3	
Start Date: 03/15/2002		inding Date: 12/3	31/2005		1	ANT OUR LEST TO	1	VIEW BY STATE EXECUTIVE	
15. ESTIMATED FUNDING:					0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ハヘクロウクタ			
a. Federal	S		494,	,534.00	a. Yes. AVAI	LABLE TO THE ST CESS FOR REVIE	TATE	PLICATION WAS MADE EXECUTIVE ORDER 12372	
b. Applicant c. State	3		101	045.00		: 4-21-0	25		
d. Local	\$		164,	,845.00				ED BY E. O. 12372	
e. Other	\$				□ OR F	₽E\JEW		EEN SELECTED BY STATE	
f. Program Income	\$				17. IS THE APPL	ICANT DELINQU	EÑT	ON ANY FEDERAL DEBT?	
g. TOTAL	\$,379.00		ttach an explanation		⊠ No	
18. TO THE BEST OF MY KI DOCUMENT HAS BEEN DUI ATTACHED ASSURANCES	_Y AU	THORIZED BY TH	ie governing b	THIS AP	PLICATION/PREAL THE APPLICANT	PPLICATION ARE AND THE APPLIC	TRU	E AND CORRECT. THE WILL COMPLY WITH THE	
a. Authorized Representative Prefix		st Name Renee			M	iddle Name		,	
Last Name Renwick		Reflec	J		s	uffix		A	
b. Title Deputy Director,	Adm	inistration	·	***************************************	G.	Telephone Number (916) 653-463	er (glv	e arca code)	
d. Signature of Authorized Re			en-Haid	D 11 -0		Date Signed	25	105	
Previous Edition Usable Authorized for Local Reprodu	ction	A CANADA			T			standard Form 424 (Rev.9-200 rescribed by OMB Circular A-1	

PPLICATION FOR			2. DATE SUBMITT	ED -	. (0.0 / 0.0)	Applicant Identi	fier Version 7700	
EDERAL ASSISTANCE	<u>:</u>			٠.	4/22/2005	State Application		
. TYPE OF SUBMISSION:	Bro 1	oplication	3. DATE RECEIVE					
Application	1	nstruction	4. DATE RECEIVE	DBY	FEDERAL AGENCY	Federal Identifi		
Construction		nstruction 1- <u>Construction</u>				F-117	- B NOW	
Non-Construction APPLICANT INFORMATION				-	Organizational Un	it-		
The same state of the same sta			Department: Department of Fish and Game					
Organizational DUNS:				-	Division: Fisherie	s Programs Br	anch	
Address:		APR	2 7 2005		Name and telepho	ne number of per	son to be contacted on matters	
Street:					involving this app	First Name: C	a code)	
1812 Ninth Street		STATE CLE	ARING HOUSE		Middle Name		arolyn	
City: Sacramento		O THE REAL PROPERTY OF THE PARTY OF THE PART	AND THE PROPERTY OF THE PROPER				•	
County: Sacramento						rata		
State: CA	Zip C	^{ode} 95814			Suffix:			
Country: USA			•			@dfg.ca.gov	III No had a	
6. EMPLOYER IDENTIFICATI	ON NU	MBER (EIN):			Phone Number (gl	re area codo)	Fax Number (give area code)	
94-169756					(916) 445-355		(916) 445-4044	
8. TYPE OF APPLICATION:					1	ICANT: (See bac	k of form for Application Types)	
⊠ Ne	ew ()	Continuat	ion 🗆 Revision	n	A. State			
f Revision, enter appropriate le (See back of form for description	ener(s) i	ers.)			Other (specify)			
Other (specify)		 -	· ··· .		9. NAME OF FED U.S. Depart	ment of Interior	r, Fish and Wildlife Service	
10. CATALOG OF FEDERAL	DOME	STIC ASSISTA					CANT'S PROJECT:	
,			15-60	5	Motorboat Acc	cess Enhancen	nent Project for Tisdale	
TITLE (Name of Program): S	port Fi	sh Restoration	on Act		Bypass Weir Boat Launch Facility. Request funds for construction of a two-lane boat launching ramp, 35 vehicle/trailer parking area and slope protection.			
12. AREAS AFFECTED BY F	ROJEC	T (Cities, Count	ies, States, etc.):	-				
Sutter County								
13. PROPOSED PROJECT					a. Applicant 3	ONAL DISTRICTS	b. Project 3	
Start Date: 04/29/2005	E	nding Date: 06/	30/2007				1	
15. ESTIMATED FUNDING:							REVIEW BY STATE EXECUTIVE	
a. Federal	\$		828,0	0.000	0 a. Yes. AVAL	PREAPPLICATIO LABLE TO THE S	N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372	
b. Applicant	\$				PRO	CESS FOR REVIE	W ON	
c. State	S		276.0	0.000	DATE	= 4-27	-05	
d. Local	\$				b. No. DPRO	GRAM IS NOT CO	VERED BY E, O. 12372	
e. Other	\$	<u> </u>			OR F	ROGRAM HAS N	OT BEEN SELECTED BY STATE	
f. Program Income	s					ICANT DELINQU	ENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$		1.104	0.000	 0	ittach an explanati	on. 🗷 No	
ATTACHED ASSURANCES	LY AUT	HORIZED BY I	IEF, ALL DATA IN THE GOVERNING BO	'LIC AIL'	PELICATION/PREA	PPLICATION ARE	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE	
a. Authorized Representative Prefix	Fire	t Name Rene	Δ		M	iddle Name		
Last Name Renwick		rene			s	uffix		
b. Title Deputy Director	Admi	nistration	<u> </u>		c.	Telephone Numb (916) 653-463	BF (give area code)	
d. Signature of Authorized Re	presen		Jen Idad	1.1 4	1	Date Signed	1/25/05	
Danisan Edita Vanhin		The Arti	cent confe				Standard Form 424 (Rev.9-20	

APPLICATION FOR FE	CDERAL ASSISTANCE	2. Date Submitted	Applicant Identifier			
Type of Submission: Application P	reapplication	3. Date Ree'd by State	State Application Identifier			
Construction	Construction	4. Date Ree'd by Federal	Pederal Identifier			
X_NonconstructionNonconstruction						
5. Applicant Information:		Organizational Unit:				
Legal Name and Address:		Division of Water Quality	autostad an manttarr			
(give city, county, state, and 7		Name and telephone of person to be c				
	sources Control Board	involving this application (give area c Greg Frantz	ode):			
· ·	acramento County	(916) 341-5553				
. Sacramento, Ca	HIOLUIA 52014					
6. Employer Identification N	umber (EJN): 680281986	· · · · · · · · · · · · · · · · · · ·	endent School District			
6. DUNS Number: 8083	321913		stitute of Higher Learning			
8. Type of Application:		•	University			
X NewRevision	Continuation	D. Township K. Indian				
If Revision, enter appropriate		E. Interstate L. Individ				
	P. Decrease Award	1	Organization			
C. Increase Duration		G. Special District N. Other	(specify)			
Other (specify)						
		9. Name of Federal Agency:				
10. Catalog of Federal Dome 66,454	stic Assistance Number	U. S. Environmental Pro	otection Agency			
Title: Water Quality I	Management Planning	11. Descriptive Title of Applicant's Project: Oversee and manage water quality planning projects as authorized				
12. Area Affected by Project		by State law or local ordinances, to as				
(cities, counties, states, etc.)	-	restoration, enhancement, and protection of water quality in the				
California						
13. Proposed Project:						
Start Date	End Date	14. Congressional District of:				
7/1/2005	6/30/2010	Applicant: Project:				
·		3 California				
15. ESTIMATED FUNDING	3:	16. Is the application subject to revie				
. , ,	#400 sas	Executive Order (EO) 12372 process	/preapplication was made			
a. Federal	\$498,575	a. YES: X This application available to the State EC	7 12372 process for			
b. Applicant c. State	\$0 \$0	review on:	J 123 12 process for			
d. Local	\$0	•	ril 27, 2005			
e. Other "In-Kind"	\$279,891		covered by EO # 12372			
f. Program Income	\$0		t been selected by the			
1. Trogram meome	30	state for review.				
g. TOTAL	\$778,466	17. Is the applicant delinquent on any				
	2770,400	YES, attach explanation	X NO			
18 TO THE REST OF MY	KNOWIEDGE AND RELIEF AL	 LDATA IN THIS APPLICATION/PREAT	PLICATION ARE			
		Y AUTHORIZED BY THE GOVERNING				
		THE ATTACHED ASSURANCES IF TH				
IS AWARDED.						
a. Typed Name of Authorize	d Representative	b. Title:	c. Telephone Number			
Celeste Cantú		Executive Director	(916) 341-5615			
d. Signature of Authorized F	Copresentative		e. Date Signed:			
	'					

APPLICATION FOR FEDERAL ASSISTANCE	2. Date Submitted	Applicant Identifier					
1. Type of Submission:	3. Date Roo'd by State	State Application Identifier					
Application Preapplication							
Construction Construction	4. Date Rec'd by Federal	Federal Identifier					
X Nonconstruction Nonconstruction							
5. Applicant Information:	Organizational Unit:						
Legal Name and Address:	Division of Water Rights						
(give city, county, state, and zip code)	Name and telephone of person to be contacted or fine EIVE						
State Water Resources Control Board	involving this application (give ar	en code k					
1001 I Street, Sacramento County	Russ Kanz	APR 2 7 2005					
Sacramento, California 95814	(916) 341-5341	2303					
5 7 1 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	7 Type of Applicant: (enter appr	opriate STATE CLEARING HOUSE					
6. Employer Identification Number (EIN): 68-0281986	A. State II. In	dependent School District					
	l i	te Institute of Higher Learning					
6. DUNS Number: 808321913							
8. Type of Application:		vate University					
_X_NewRevision Continuation	· · · · · · · · · · · · · · · · · · ·	dian Tribe					
If Revision, enter appropriate letter(s):		dividual					
A. Increase Award B. Decrease Award	•	rofit Organization					
C. Increase Duration D. Decrease Duration	G. Special District N. Or	ther (specify)					
Other (specify)	0.21						
A CONTRACTOR OF THE CONTRACTOR	9. Name of Federal Agency:	I Dentantine Assess					
10. Catalog of Federal Domestic Assistance Number	U. S. Environmenta	l Protection Agency					
66.463	11. Descriptive Title of Applican	t's Project					
Title: Water Quality Cooperative Agreements	11. Descriptive Title of Applicant	13 110 6611					
	The study is designed to character	rice impairment and identify					
10 1 10 11 11 11 11	sources of nutrient pollution from						
12. Area Affected by Project:							
(cities, counties, states, etc.)	Klamath River Hydroelectric Project Reservoirs, specifically those above Copeo and Iron Gate dams in California.						
Klamath River, Siskiyou County, California	those above Copeo and from Cale	авиз и Санония.					
13. Proposed Project: Start Date End Date	14. Congressional District of:						
	_	ct.					
10/1/2005 9/30/2006	1 ''	ornia -, All					
15. ESTIMATED FUNDING:	16. Is the application subject to re						
15. ESTIMATED FORDING.	Executive Order (EO) 12372 proc						
a. Federal \$120,000		ation/preapplication was made					
B "	available to the State	te EO 12372 process for					
1	review on:	in the same of the					
c. State \$0	l l	April 27, 2005					
		not covered by EO # 12372					
		s not been selected by the					
f. Program Income \$0							
	state for review.						
		2 any Padaral daht?					
g. TOTAL. \$120,000	17. Is the applicant delinquent or	•					
		n any Federal debt?XNO					
g. TOTAL \$120,000	17. Is the applicant delinquent or YES, attach explanation	XNO					
g. TOTAL. \$120,000	17. Is the applicant delinquent or YES, attach explanation LL DATA IN THIS APPLICATION/PR	XNO EAPPLICATION ARE					
g. TOTAL. \$120,000 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, A TRUE AND CORRECT, THE DOCUMENT HAS BEEN DU	17. Is the applicant delinquent or YES, attach explanation LL DATA IN THIS APPLICATION/PR LY AUTHORIZED BY THE GOVERNI	XNO EAPPLICATION ARE ING BOARD OF THE					
g. TOTAL \$120,000 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, A TRUE AND CORRECT, THE DOCUMENT HAS BEEN DU! APPLICANT, AND THE APPLICANT WILL COMPLY WIT	17. Is the applicant delinquent or YES, attach explanation LL DATA IN THIS APPLICATION/PR LY AUTHORIZED BY THE GOVERNI	XNO EAPPLICATION ARE ING BOARD OF THE					
g. TOTAL \$120,000 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, A TRUE AND CORRECT, THE DOCUMENT HAS BEEN DU APPLICANT, AND THE APPLICANT WILL COMPLY WIT IS AWARDED.	17. Is the applicant delinquent or YES, attach explanation LL DATA IN THIS APPLICATION/PR LY AUTHORIZED BY THE GOVERNITH THE ATTACHED ASSURANCES II	XNO EAPPLICATION ARE ING BOARD OF THE FILE ASSISTANCE					
g. TOTAL \$120,000 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, A TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULAPPLICANT, AND THE APPLICANT WILL COMPLY WIT IS AWARDED. a. Typed Name of Authorized Representative	17. Is the applicant delinquent or YES, attach explanation LL DATA IN THIS APPLICATION/PR LY AUTHORIZED BY THE GOVERNITH THE ATTACHED ASSURANCES II b. Title:	XNO EAPPLICATION ARE ING BOARD OF THE FILE ASSISTANCE [c. Telephone Number]					
E. TOTAL \$120,000 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, A TRUE AND CORRECT, THE DOCUMENT HAS BEEN DU APPLICANT, AND THE APPLICANT WILL COMPLY WIT IS AWARDED.	17. Is the applicant delinquent or YES, attach explanation LL DATA IN THIS APPLICATION/PR LY AUTHORIZED BY THE GOVERNITH THE ATTACHED ASSURANCES II	XNO EAPPLICATION ARE ING BOARD OF THE FILE ASSISTANCE					
g. TOTAL \$120,000 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, A TRUE AND CORRECT, THE DOCUMENT HAS BEEN DU APPLICANT, AND THE APPLICANT WILL COMPLY WIT IS AWARDED. a. Typed Name of Authorized Representative Celeste Cantú	17. Is the applicant delinquent or YES, attach explanation LL DATA IN THIS APPLICATION/PR LY AUTHORIZED BY THE GOVERNITH THE ATTACHED ASSURANCES II b. Title:	XNO EAPPLICATION ARE ING BOARD OF THE FILE ASSISTANCE c. Telephone Number (916) 341-5615					
g. TOTAL \$120,000 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, A TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULAPPLICANT, AND THE APPLICANT WILL COMPLY WITTS AWARDED. a. Typed Name of Authorized Representative	17. Is the applicant delinquent or YES, attach explanation LL DATA IN THIS APPLICATION/PR LY AUTHORIZED BY THE GOVERNITH THE ATTACHED ASSURANCES II b. Title:	XNO EAPPLICATION ARE ING BOARD OF THE FILE ASSISTANCE [c. Telephone Number]					

PR-26-2005 14:48	FROM-CORONA	POLICE DEP	Τ.		909 279	3579	T-211 P.002/	/002 F-838		
PPLICATION FO	R	,	2. DATE SUBMITT	EU		אייייייייייייייייייייייייייייייייייייי	N/A			
EDERAL ASSIST	TANCE	ļ				0	ant Identifier			
TYPE OF SUBMISSION	Preappilos	etlon	3. DATE RECEIVE	D BY STATE		State Applic	N/A			
Application	Constr		4. DATE RECEIVE	D BY FEDE	RAL AGENCY	Federal Ide				
Construction	_	Construction					N/A			
Non-Construction		QUELITICION								
APPLICANT INFORMATI				Org	anizational Unit:	Corona	Police Depart	ment		
gal Name: Corona, City	385131 \$ 5		A STATE OF THE STA		sion:					
		RECE	IVED	Nar	ne and telephon	o number of p	erson to be contacted on r	natters involving this		
ddress (give city, county, s				\\T	lication (give at	n MCBT10	l e			
849 West Sixth	Zileer	APR 2	PR 2 6 2005		Name: Sharon McBride e-mail: sharon.mcbride@ci.corona.ca.us Phone: 951-279-3577 Fax: 951-279-3579					
Corona, CA 92	i			Ph	oπe: 951–2	279–357 7	Fax: 951-279	-3579		
	ST	TATE CLEAF	RING HOUSE							
. EMPLOYER IDENTIFIC	ATION NUMBER	R (EIN):	The second secon	7.	TYPE OF APPL		er appropriate letter in be			
	56000697	•			A. State	Н.	Independent School Dist. State Controlled Instituti	ion of Higher Leaming		
				- ∤ ¿	C.) Municipal	۱.	Private University	GIT (IT) IN GITTE IN		
TYPE OF APPLICATION	N:			1	D. Township		Indian Tribe			
	⊠ New □	Continuation	Revision		E. Interstate		Individual Profit Organization			
	23/10/1			ŀ	F. Intermunic G. Special Di	•	Other (Spocify)	_		
f Revision, entor appropria	cod ni (z)renel an	x(e5):			G. apecial of	Strict				
A. Increaso Award	B. Decreas		. Increase Duration	9.	NAME OF FED	ERAL AGEN	CY:			
D. Decrouse Duration	Other (spe	спу):				De	partment of Justice	· . Camai and		
					Off	ice of Comm	nunity Oriented Polici	ing Services		
			NUMBER	1	. DESCRIPTIV	E TITLE OF A	PPLICANT'S PROJECT:			
10. CATALOG OF FEDE	RAL DOMESTIC	ASSISTANCE		 1						
		1 6 .	7 1 0	0	Thermal	Imaging	g System			
TITLE: 2005 Technol	logy Initiative									
12. AREAS AFFECTED BY	PROJECT (c/des,	counties, states,	erc.);							
City of (COLOUR									
13. PROPOSED PROJE	CT:	14. CONGRE	SSIONAL DISTRI	CTS OF:			-			
Stan Date End	ling Date	a. Applicant	44		b. Project	44		,		
12/08/2004	12/07/2005		7.2							
A2/00/2001					16 IS API	PLICATION SI	UBJECT TO REVIEW BY	STATE EXECUTIVE		
15. ESTIMATED FUND	NG:			5554.00		R 12372 PRO				
a. Foderal	2		24(6661.00	a. YES	THIS PREA	PPLICATION/APPLICATI	ON WAS MADE		
				.00		AVAII ABLE	TO THESTATE EXECU	TIVE ORDER 12372		
b. Applicant	\$.00		PROCESS	FOR REVIEW ON:			
_ Braza				.00,		DATE:	المالية المالية	-		
ர, State	"					DATE	4/26/2005			
d. Local	5			.00	h N0	D. PRO	GRAM IS NOT COVERED	BY E.O. 12372		
							ROGRAM HAS NOT BEE			
c. Other	2			.00			REVIEW			
				.00						
f. Program Income	5-			.00	17. IS TH	HE APPLICAN	T DELINQUENT ON ANY	Y FEDERAL DEBT?		
TOTAL				.00			anach an explanation,	X 1		
g. TOTAL							TODDECT THE DOCUMEN'	T MAS BEEN DULY AUTH		
18. TO THE BEST OF MY	KNOWLEDGEAN	D BELIEF, ALL C	ATA IN THIS APPLIC	CATION/PRE	APPLICATION A	RETRUEAND () ASSURANCES	CORRECT, THE DOCUMENT OF THE ASSISTANCE IS AW	ARDED.		
BY THE GOVERNING BOT a. Typed Name of Auth	D1 07 (11,EX11.E1			b. Title				c. Telephone numb 951-736-237		
Beth Grove:	s			City	Manager			951-739-237 e. Date Signed		
d. Signature of Authori		tive In						11-70-		
KML	W197	WY.		•				17-200		
[M]	1000	<i></i>			Stendard Fr	orm 424 (REV.	4-92)	Press lead by OMB Circ		

APPLICATION FOR FEDI	ERAL ASSISTANCE	2. Date Submitted	Applicant Identifier 05-217
1. Type of Submission:		3. Date Rcc'd by State	State Application Identifier
A U al	pplication	and the second second	
Construction x Nonconstruction	Construction ECEIVEL		Federal Identifier
5. Applicant Information:	APR 2 6 2005	Organizational Unit:	
Legal Name and Address:		Division of Water Quality	
(give city, county, state, and zip	code) STATE CLEARING HO	Diffine and telephone of person to be com	acted on matters
State Water Resou	rces Control Board	Division of Water Quality Stand and telephone of person to be com- involving this application (give area code Hizabeth Haven	s).
1001 i Sireet, Saci	amento County	Lini, Mooth Tan Von	
Sacramento, Califo	omia 95814	(916) 341-5752	
6. Employer Identification Num	ber (EIN): 680281986	7. Type of Applicant: (enter appropriate	letter)A
p.c.yo		1	lent School District
6. DUNS Number: 808321	913	1=	tute of Higher Learning
8. Type of Application:		C. Municipal J. Private U	
_X_NewRevision	Continuation	D. Township K. Indian T.	
If Revision, enter appropriate let		E. Interstate L. Individue	
A. Increase Award		F. Intermunicipal M. Profit O.	_
C. Increase Duration		G. Special District N. Other (sp	sectify)
Other (specify)	_	9. Name of Federal Agency:	
10. Catalog of Federal Domestic	c Assistance Number	U. S. Environmental Proto	ction Agency
66.804 Title: State and Tribal U Program	Inderground Storage Tanks	11. Descriptive Title of Applicant's Proj	ect:
, rogram		Development and implementation of reg	ulatory programs for the
12. Area Affected by Project:		prevention, detection, and correction of	leaking UST's containing
(cities, counties, states, etc.) California	•	petrolcum and hazardous substances.	
13. Proposed Project:			
1512	End Date	14. Congressional District of:	
7/1/2005	6/30/2006	Applicant: Project: 3 California -	
15. ESTIMATED FUNDING:	A	16. Is the application subject to review	by the State
	777.0	Executive Order (EO) 12372 process? a. YES:X_ This application/pt	connication was pands
a. Federal	\$230,600 \$0	a. YES: X This application/pt available to the State BO I	2372 process for
b: Applicant c. State	\$76,867	review on:	12372 process 107
d. Local	\$0	Date: April	26, 2005
e. Other	\$0		vered by EO # 12372
f. Program Income	\$0	-	een selected by the
i. Program Moome		state for review.	,
g. TOTAL	\$307,467	17. Is the applicant delinquent on any F	ederal debt?
		YES, attach explanation	_XNO
18. TO THE BEST OF MY KN	OWLEDGE AND BELIEF, ALL D	DATA IN THIS APPLICATION/PREAPP	LICATION ARE
TRUE AND CORRECT, THE I	DOCUMENT HAS BEEN DULY A	UTHORIZED BY THE GOVERNING B	OARD OF THE
APPLICANT, AND THE APPL	ICANT WILL COMPLY WITH T	HE ATTACHED ASSURANCES IF THE	ASSISTANCE
IS AWARDED			SUPERIOR TO SERVE
a. Typed Name of Authorized F	Representative	b. Title:	c. Telephone Number
Celeste Cantú	•	Executive Director	(916) 341-5615
E			D. C.
d. Signature of Authorized Rep	oresentative		e. Date Signed:
		The same of the sa	

APPLICATION FOR F	EDERAL ASSISTANCE	2. Date Submitted	Applicant Identifier 05-216
1. Type of Submission:		3. Date Rec'd by State	State Application Identifier
	Prcapplication		
Construction	Construction	4. Date Rec'd by Federal	Federal Identifier
_X Nonconstruction	Monconstruction EIVED)	
5. Applicant Information:		Organizational Unit:	
Legal Name and Address:	APR 2 6 2005	Pivision of Water Quality	
(give city, county, state, and	zip code)	Name and telephone of person to be co	onnicted on manters
State Water Re	STATE CLEARING HOL	JSE involving this application (give area co Lizabeth Haven	oge).
1001 1 Street,	Sacramento County	(916) 341-5752	
Sacramento, C.	amorna 70014		
6. Employer Identification	Number (EIN): 680281986	7. Type of Applicant: (enter appropria	
		1	endent School District
6. DUNS Number: 808	3321913		stitute of Higher Learning University
8. Type of Application:	Continuation	C. Municipal J. Private D. Township K. Indian	
X New Revision If Revision, enter appropriat		E. Interstate L. Individ	
A. Increase Award	B. Decrease Award	× × × × × × × × × × × × × × × × × × ×	Organization
	D. Decrease Duration	G. Special District N. Other	-
Other (specify)		•	· • • • • • • • • • • • • • • • • • • •
		9. Name of Federal Agency:	
Catalog of Federal Dom	estic Assistance Number	U. S. Environmental Pro	otection Agency
66.805	10 0 10 10	The state of the state of A service of D	
Title: Leaking Unde	rground Storage Tank Trust Fund	11. Descriptive Title of Applicant's P	roject:
		Continue to develop and implement of	ffective regulatory programs
12. Area Affected by Project	at:	for the prevention, detection, and corr	
(cities, counties, states, etc.)		leaking UST systems containing petro	
California		regulated under the Resource Conserv	vation and Recovery Act
13. Proposed Project:		(RCRA) Subtitle I.	
Start Datc	End Date	14. Congressional District of:	
7/1/2005	6/30/2008	Applicant: Project:	
		3 California	
15. ESTIMATED FUNDIN	IG:	16. Is the application subject to revie Executive Order (EO) 12372 process?	
n Fodoral	\$3,112,661	a. YES: X_ This application.	
a. Federal b. Applicant	\$5,112,001 \$0	available to the State EC	
c. State	\$379,186	review on:	
d. Local	\$0		ril 26, 2005
e. Other "In-Kind"	\$300,000	b. NO: Program is not o	covered by EO # 12372
f. Program Income	\$ 0	Program has not	t been selected by the
		state for review.	
g. TOTAL	\$3,791,847	17. Is the applicant delinquent on any	
		YES, attach explanation	X NO
TRUE AND CORRECT, T	HE DOCUMENT HAS BEEN DULY	L DATA IN THIS APPLICATION/PREAF AUTHORIZED BY THE GOVERNING THE ATTACHED ASSURANCES IF TH	BOARD OF THE
a. Typed Name of Authoriz	oul Roppessonative	b. Title:	c. Telephone Number
a. Typed Name of Authoriz Celeste Cantú	-	Executive Director	(916) 341-5615
d. Signature of Authorized	Representative		c. Date Signed:
_	-		,

38073

			•				Version 7/03	
· mmz PO · (TTONI T	O.D.		2. DATE SUBMITTED)		Applicant	Identifier	
APPLICATION F								
FEDERAL ASSIS	TANCE		3, DATE RECEIVED F	VSTATE		State App	olication Identifier	
1. TYPE OF SUBMISSION:	Pre-applica	tion	3, DATE RICEIVED	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1		
Application	1 ro-appriço					F-41	donatifice	
☐ Construction	☐ Constru		4. DATE RECEIVED	Y FEDER/	L AGENCY	Federal le	dentitier	
Non-Construction		nstruction						
5. APPLICANT INFORMA' Legal Name:	TION		A STATE OF THE PROPERTY OF THE	Organizat	ional Unit:			
The Regents of the University	v of California	edentication of Street Street	SEN/ED	Departme		_	•	
_		DE	CHIVED	Developm Division:	ental and Cell Bi	ology		
Organizational DUNS:	1	A A SPECIAL		School of	Biological Science	203		
04-670-5849 Address:		ΛP	R 2 5 2005	Name and	i telephone numbe	er of person	to be contacted on matters involving this	
University of Callfornia, Irvi	ne, R&GS-Re	earch Admi	nistration	applicatio	n (give area code))	First Name:	
Street:			CLEARING HOUS	Frelix:			Bruce	
300 University Tower		STATE	CLEAHING	11.		_		
City:			A CONTRACTOR OF THE PARTY OF TH	Middle N	ame:			
Irvine				<u> </u>				
County:				Last Nam Blumbers				
Orange County	T 7	ip Code:		Suffix:	<u> </u>	**************************************		
Stato: CA		2697 -7 600						
Country:				Email:			•	
U.S.A.		(#B.K			@uci.cdu imber (givo arca c	ode)	Fax Number (give area code)	
6. EMPLOYER IDENTIFIC	ATION NUM	BER (EIN):		(949) 824		.040)	(949) 824-4709	
05 0000	106			(,				
95 -2226				7 TVDE	OF A DDI ICANT	- /See back	of form for Application Types)	
8. TYPE OF APPLICATION	N:	inuation	Revision	1. 1115	OF AFFLICAN	. (DOC DILER	O. 1771	
If Revision, enter appropriate	e letter(a) in bo		C KCANION	1				
(See back of form for descrip								
		ſ		Other (sp	oci6a)			
		L						
Other (specify)				9. NAME	OF FEDERAL	AGENCY:		
				U.S. Env	U.S. Environmental Protection Agency ORD NCER II. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
TO CATALOG OF FEDERA	L DOMESTI	CASSISTA	NCE NUMBER:	High thro	CRIPTIVE ITEL	identify end	ocrine disrupting compounds	
				1	>-1,1.1,			
	6	6 - 5	0 9					
TITLE (Name of Program):	2005-STAR -	- H1						
12. AREAS AFFECTED B	Y PRÖJECT (Cities, Coun	ties, Stares, etc):					
North America				14 CON	GRESSIONAL D	ISTRICTS	OF:	
13. PROPOSED PROJECT Start Date:	E	Inding Date		a. Applic			b. Project	
12/01/2005	1	1/30/200B		49			48	
15. ESTIMATED FUNDING	G;				PPLICATION SU 12372 PROCESS		REVIEW BY STATE EXECUTIVE	
# Padami	598,605			2 VAC	XI THIS PREAP	PLICATION	N/APPLICATION WAS MADE	
a. Federal \$ b. Applicant \$] AVAILA	BLE TO THE ST	TATE EXEC	CUTIVE ORDER 12372 PROCESS FOR	
c. State \$				REVIEW				
d. Local \$				b. No	PROCEAM	IS NOT CO	VERED BY E. O. 12372	
e, Other S				U. 140	OR PROGRA	AM HAS NO	OT BEEN SELECTED BY STATE FOR	
				REVIEW	ď			
f. Program Income \$				17 IS TI	HE APPLICANT ("Yes" attach an	DELINQUE	ENT ON ANY FEDERAL DEBT?	
g. TOTAL 5	598,605	TO A SUPE PAR	LIET ALL DATA IN TH	Yes I	ATION/PREADD	LICATION	ARE TRUE AND CORRECT. THE	
DOCUMENT HAS BEEN T	NUUWLEDU HTITA Y.[[][DRIZED BY	THE GOVERNING BO	DY OF THE	E APPLICANT A	ND THE AT	PLICANT WILL COMPLY WITH THE	
ATTACHED ASSURANCE	S IF THE AS	SISTANCE	IS AWARDED.					
a. Authorized Representative	e				1 50 10 50			
1	irst Name	•			Middle Name E.			
Last Name	calcy				Suffix			
Dowd								
b, Title					c. Telephone N		area code)	
Grants Officer	 				(949) 824-8109 e. Date Signed			
d. Signature of Authorized l	Representative				e. Ditte aikited			
							Spandard Corm 474 (Rev. 9-2003)	

FEDERAL ASSI	STANCE		2. DATE SUBMITTED		Applicant Id	entifier		
1. TYPE OF SUBMIS	SSION:	Pre-application	3. DATE RECEIVED BY	STATE	State Applic	State Application Identifier		
☑ Construction			4. DATE RECEIVED BY	FEDERAL AGE	NCY Federal Ide	ntifier		
Non-Construction	ın	Non-Construction						
5. APPLICANT INFO		Non-Construction						
Legal Name:				Organization	al Unit:			
Tooleville Mutual Nor	nprofit Wate	er Association, Inc.		Department:				
Organizational DUNS 180631371):			Division:				
Address: Street:	······································					person to be contacted on matters		
P.O. Box 579; 2187	Alfred Ave			Prefix:	application (give a First Name:	rea code)		
City:				Ms	Sylvia			
Exeter				Middle Name R.				
County: Tulare				Last Name Soria				
State: CA		Zip Code 93221		Suffix:				
Country: United States of Ame	rica			Email:	elpenterprises.org			
6. EMPLOYER IDEN	TIFICATIO	N NUMBER (EIN):			r (give area code)	Fax Number (give area code)		
77-0388	3 1 6 4			559-651-1000		559-651-3634		
8. TYPE OF APPLICA		1		7. TYPE OF A	PPLICANT: (See ba	ick of form for Application Types)		
	✓ New		Revision	N.	(300 20	ien er fem for Application Types)		
If Revision, enter appro (See back of form for o	opriate lette	er(s) in box(es)						
(See pack of form for c	rescription	or letters.)		Other (specify) Private Not-for	-Profit Mutual Water	Company		
Other (specify)				9. NAME OF F	EDERAL AGENCY: It of Agriculture, Rura			
10. CATALOG OF FE	EDERAL D	OMESTIC ASSISTANCE	NUMBER:	1	- ·	ICANT'S PROJECT:		
				ı	ın Water Project			
TITLE (Name of Progr	ram):		1 0 - 7 6 3					
Emergency Communi	ty Water As							
		DJECT (Cities, Counties,	States, etc.):					
Community of Toolevi		County, California						
13. PROPOSED PRO Start Date:	JECT	India - Data			SIONAL DISTRICTS			
6/2005		Ending Date: 6/2006		a. Applicant 21		b. Project 21		
15. ESTIMATED FUN	DING:			16. IS APPLIC	ATION SUBJECT TO	REVIEW BY STATE EXECUTIVE		
a. Federal	\$		00	ORDER 12372		N/APPLICATION WAS MADE		
			500,000	a. Yes. 🗹 TH	AILABLE TO THE S	TATE EXECUTIVE ORDER 12372		
b. Applicant	\$	O DITENSIONAL TERMONOLY REPRESENTATION OF THE PROPERTY OF THE	. 00	PR	OCESS FOR REVIE	W ON		
c. State	PS	CEIVED	.00	DA	TE: 4/18/05			
d. Local	\$	PR 2 5 2005	.00	b. No. 🎵 PR	OGRAM IS NOT CO	VERED BY E. O. 12372		
e. Other	\$	111 20 2000	.00		PROGRAM HAS NO R REVIEW	OT BEEN SELECTED BY STATE		
f. Program Income	STA	CLEARING HOUSE	.00			ENT ON ANY FEDERAL DEBT?		
g. TOTAL		Mary Commence and the second s	500,000	Yes If "Yes"	attach an explanatio	n. 🛮 🛮 No		
DOCUMENT HAS BEE	EN DULY A	/LEDGE AND BELIEF, A UTHORIZED BY THE G HE ASSISTANCE IS AW	ALL DATA IN THIS APP	LICATION/PRE	APPLICATION ARE	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE		
a. Authorized Represe	ntative							
Prefix Mr.		First Name Herminio		ļ	Middle Name			
Last Name Cruz					Suffix Mr.			
. Title Board President				c	. Telephone Number	(give area code)		
I. Signature of Authoriz	ed Represe	entative //			559-592-4895 Date Signed			
	, -	June Sunn	no Gen	-	April 18, 2005			

APPLICATION FOR

Version 7/03

Application for Federal Education Assistance (ED 424)



U.S. Department of Education Form Approved OMB No. 1890-0017 Exp. 02/28/2005

Applicant Information Organizational Unit	
I.Name and Address Legal Name: Coachella Valley Unified Schoo	ol District
Address: 87-225 Church Street	
Thermal	CA Riverside 92274 - State County ZIP Code + 4
2. Applicant's D-U-N-S Number 0 7 9 5 5 2 6 2 6	6. Novice ApplicantYes X_No
3. Applicant's T-I-N 3 3 - 0 7 6 5 2 1 8	7. Is the applicant delinquent on any Federal debt? Yes XNo (If "Yes," attach an explanation.)
4. Catalog of Federal Domestic Assistance #: 84.	
Title: <u>Early Childhood Educator Professional</u> Development	
5. Project Director: Jim Greene/Carie Macy	A - State F - Independent School District B - Local G - Public College or University C - Special District H - Private, Non-profit College or University D - Indian Tribe I - Non-profit Organization
Address: 87-225 Church Street	E - Individual J - Private, Profit-Making Organization
Thermal CA 92274 City State Zip code + 4 Tel. #: (760) 399 - 5137 Fax #: (760) 399 - 1389	K - Other (Specify): RECEIVED
Tel. #: (/60) 399 - 513/ Fax #: (/60)399 - 1389 E-Mail Address: jgreene@coachella.k12.ca.us	9. State Application Identifier APR 2 5 2005
Application Information 10. Type of Submission: -PreApplication -Application Construction X Non-Construction Non-Construction X Non-Construction 11. Is application subject to review by Executive Order 12372 process? X Yes (Date made available to the Executive Order 12372)	13. Are any research activities involving human subjects planned at HOUSE any time during the proposed project period? Yes (Go to 13a.) X No (Go to item 14.) 13a. Are all the research activities proposed designated to be exempt from the regulations? Yes (Provide Exemption(s) #):
process for review): <u>4 / 22/ 2005</u>	No (Provide Assurance #):
No (If "No," check appropriate box below.)Program is not covered by E.O. 12372Program has not been selected by State for review. 12. Proposed Project Dates: 08 / 01 / 2005 07/31/2008	14 Descriptive Title of Applicant's Project: Proj. EXCEL prof. dev. partnership brings together 5 partners to dramatically improve the cognitive, language, early literacy, numeracy & social skills of ov
Start Date: End Date: Estimated Funding Authorized Repres	1,600 low-income children, 3-5 yrs. in CVUSD. esentative Information knowledge and belief, all data in this preapplication/application are true
	locument has been duly authorized by the governing body of the applicant
	will comply with the attached assurances if the assistance is awarded.
State S00 a. Authorized Represen	ntative (Please type or print name clearly.)
L Local S00Mr.	. Foch Tut Pensis
e. Other S 00 b. Title:Sup	perintendent
	9 <u>-5137</u> Fax #:(760) <u>399 -1052</u> marrujo@coachella.k12.ca.us
z. TOTAL s 5,273,710.00 Signature of Anthor	rized Representative Date: 4/12/05

Authorized for Local Reproduction

Prescribed by OMB Circular A-102

Authorized for Local Reproduction

PART I - FACE SHEET

APPLICATION FOR FI	EDERAL	ASSISTAN	ICE	1. TYPE OF SUBMISSION: Non-Construction
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 04/22/05	3. DATE RECE	IVED BY STATE:		STATE APPLICATION IDENTIFIER:
2b. APPLICATION ID:	4. DATE RECE	IVED:		GRANT NUMBER:
05SC053438	04/22/05			
5. APPLICATION INFORMATION	-L			
LEGAL NAME: The CSU, Chico Research Foundard DUNS NUMBER: 612177162 ADDRESS (give street address, city, state and Office of Sponsored Programs Building 25, Room 103 Chico CA 95929 - 0870 6. EMPLOYER IDENTIFICATION NUMBER (E 680386518 8. TYPE OF APPLICATION: X NEW CONTINE REVISION If Revision, enter appropriate letter(s) in box(e A. Increase Award D. Decrease Duration	I zip code): IN): UATION	se Duration	PERSON TO BE area codes): NAME: Carol A. TELEPHONE NI FAX NUMBER: INTERNET E-M. 7. TYPE OF API 7a. Non-Profit 7b. 4-year colleg	IUMBER: 530-898-4307 530-898-4870 MAIL ADDRESS: cchilders@csuchico.edu
10a. CATALOG OF FEDERAL DOMESTIC ASS 10b. TITLE: Senior Companion Program 12. AREAS AFFECTED BY PROJECT (List Cit Butte, Glenn, Colusa, Tehama and Plumas Coun	ties, Counties, Sta		11. DESCRIPTIV	IVE TITLE OF APPLICANT'S PROJECT:
13. PROPOSED PROJECT: START DATE: 07	/01/05 END	DATE: 06/30/08	14. PERFORMA	ANCE PERIOD: START DATE: END DATE:
15. ESTIMATED FUNDING:				ATION SUBJECT TO REVIEW BY STATE EXECUTIVE
a. FEDERAL	\$ 78,036.00)	ORDER 12372	
				S PREAPPLICATION/APPLICATION WAS MADE AVAILABLE
b. APPLICANT	\$ 53,380.00		1	HE STATE EXECUTIVE ORDER 12372 PROCESS FOR IEW ON:
c. STATE	\$ 29,826.00)	DATE	E: 22-APR-05
d. LOCAL	\$ 8,688.00)	_	
e. OTHER	\$ 6,136.00)		
f. PROGRAM INCOME	\$ 8,730.00)		PLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$ 131,416.00)	[] Y	YES if "Yes," attach an explanation.
18. TO THE BEST OF MY KNOWLEDGE AND DULY AUTHORIZED BY THE GOVERNING E IS AWARDED.	BELIEF, ALL DA' BODY OF THE AP	TA IN THIS APPLICA PLICANT AND THE	TION/PREAPPLICA APPLICANT WILL (ATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE
a, TYPED NAME OF AUTHORIZED REPRESI	ENTATIVE:	b. ППLE:		c. TELEPHONE NUMBER:
Carol Sager				(530) 898-5700
			•	d. DATE: 04/22/05

PART I - FACE SHEET

APPLICATION FOR	FEDERAL	. ASSISTAN	CE	TYPE OF SUBMIS Non-Construction	SSION:
2a. DATE SUBMITTED TO CORPORATIO FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 04/22/05	N 3. DATE RECI	EIVED BY STATE:		STATE APPLICATION	NIDENπFIER:
2b. APPLICATION ID:	4. DATE RECI	EIVED:		GRANT NUMBER:	
05SF053404	04/22/05				
5. APPLICATION INFORMATION					
LEGAL NAME: The CSU, Chico Research For DUNS NUMBER: 612177162 ADDRESS (give street address, city, state Office of Sponsored Programs Building 25, Room 103 Chico CA 95929 - 0870 6. EMPLOYER IDENTIFICATION NUMBE 680386518 8. TYPE OF APPLICATION:	e and zip code): IR (EIN): NTINUATION IOX(es):	ise Duration	PERSON TO BE area codes): NAME: Carol A. (TELEPHONE NU FAX NUMBER: (CONTACTED ON MATChilders UMBER: (530) 898-4307 (530) 898-4870 NIL ADDRESS: cchilders PLICANT:	
		·	ŀ	DERAL AGENCY: tion for Nation	nal and Community Service
10a. CATALOG OF FEDERAL DOMESTIC 10b. TITLE: Foster Grandparent Program 12. AREAS AFFECTED BY PROJECT (Like Butte and Colusa Counties			11. DESCRIPTIV Csu Chico F(E TITLE OF APPLICAN	NT'S PROJECT:
13. PROPOSED PROJECT: START DATE	: 07/01/05 END	D DATE: 06/30/08	14. PERFORMAN	ICE PERIOD: START I	DATE: END DATE:
15. ESTIMATED FUNDING:			16. IS APPLICAT	ION SUBJECT TO REV	VIEW BY STATE EXECUTIVE
a. FEDERAL	\$ 284,511.00	0	ORDER 12372 PI	ROCESS?	
b. APPLICANT	\$ 54,847.00	0			PLICATION WAS MADE AVAILABLE ORDER 12372 PROCESS FOR
c. STATE	\$ 0.00	0	REVIE DATE:	W ON: 22-APR-05	
d. LOCAL	\$ 50,259.00	0			
e. OTHER	\$ 4,588.00	0			and the second s
f. PROGRAM INCOME	\$ 0.00	0	17. IS THE APPL	ICANT DELINQUENT	ON ANY FEDERAL DEBT?
g. TOTAL	\$ 339,358.00	0	YE	ES if "Yes," attach ar	n explanation. X NO
18. TO THE BEST OF MY KNOWLEDGE ADULY AUTHORIZED BY THE GOVERNIN IS AWARDED.					CORRECT, THE DOCUMENT HAS BEEN TACHED ASSURANCES IF THE ASSISTANCE
a. TYPED NAME OF AUTHORIZED REPR	RESENTATIVE:	b. TITLE:			c. TELEPHONE NUMBER: (530) 898-5700
		1,/			d. DATE: 04/22/05

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Iden	tifier Version 770
		May 13, 2005			
1. TYPE OF SUBMISSION:	Dro ganlication	3. DATE RECEIVED BY	STATE	State Application	on Identifier
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGEN	CY Federal Identif	ier
Construction	Construction				
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				
Legal Name:			Organizational	Unit:	
Nevada County			Department	Development	Agency
Organizational DUNS:	<u>,</u>		Division:	<u>peverobileric</u>	agency
010979029			Hous:	ing Division	son to be contacted on matters
Address: Street:				pplication (give area	
950 Maidu Avenue	, Nevada City,		Prefix:	First Name:	avid
^{City:} Nevada City	/	RECEIVE	Middle Name		
County: Nevada County State:	/	100	Vast Name	N	elson
State: California	Zip Code 95959	APR 2 2 2005	Suffix:		
Country:	(S)	TATE O.	Email	.nelson@co.n	ovada ca uc
The United Sta	ATES OF AMETIC N NUMBER (EIN):	a JLEARING HOI	Rhone Number (give area code)	Fax Number (give area code)
94-6000526	104 C000E3C1		⁵ (530) 26	5–1423	(530) 265–9845
8. TYPE OF APPLICATION:	(94–6000526)				of form for Application Types)
New		n Revision	В		
If Revision, enter appropriate lette (See back of form for description			Other (specify)		۵
Other (specify)		Ш		DERAL AGENCY:	nt IIIC Drown
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIV	/E TITLE OF APPLIC	nt, HPG Prgm.
10. 0414200 01 1252.0425			Tow and w	ory-low inco	me single family
TITLE (Name of Program):	10-433				g rehabilitation
Rural Housing 12. AREAS AFFECTED BY PRO	ng Preservatio	on Grants			porated areas of
12. AREAS AFFECTED BY PRO	DJECT (Cities, Counties,	, States, etc.):	Nevada Co		
Nevada County, C	A				
13. PROPOSED PROJECT	I Fadina Data:		a. Applicant	IONAL DISTRICTS C	DF: b. Project
Start Date: 7–1–05	Ending Date: 6–30	-06	4th Congre		t. 4th Cong. Dist.
15. ESTIMATED FUNDING:	1 0 30		16. IS APPLICA	TION SUBJECT TO	REVIEW BY STATE EXECUTIVE
a. Federal \$		00	ORDER 12372 P		APPLICATION WAS MADE
HPG	100,000	00	a. res. 🕮 AVA	ILABLE TO THE STA	TE EXECUTIVE ORDER 12372
b. Applicant \$	•		PRO	CESS FOR REVIEW	ON
c. State \$		•	DAT	E: 4-21-05	
d. Local . \$. 00	b. No. 🔲 PRO	GRAM IS NOT COVE	ERED BY E. O. 12372
e. Other Fed-CDBG (match)	120,000			PROGRAM HAS NOT REVIEW	BEEN SELECTED BY STATE
f. Program Income \$	120,000				IT ON ANY FEDERAL DEBT?
g. TOTAL \$	220,000		☐ Yes If "Yes" a	attach an explanation.	□ No
18. TO THE BEST OF MY KNOV				•	
DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF TI	UTHORIZED BY THE	SOVERNING BODY OF T	HE APPLICANT	AND THE APPLICAN	NT WILL COMPLY WITH THE
a. Authorized Representative	First Name		In a	iddle Name	
Prefix Mr.	Ted				
Last Name Owens			Sı	uffix	
) Title	d of Superviso	ors	C.	Telephone Number (
Signature of Authorized Repres	entative		e.	Date Signed	
To be signed at	5-10-05 Board	or sup. Mrg.			

APPLICATION FOR				OMB A	Approval No. 0348-0
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED February	25, 2005	Applicant Identifier	
1. TYPE OF SUBMISSION:	T	3. DATE RECEIVED BY	Y STATE	State Application Identifier	
Application Construction Non-Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION	Tell volletianism			<u> </u>	
Legal Name: Childrens Hospital Le	os Angeles		Organizational Unit:		
Address (give city, county, State	, and zip code):			number of person to be contact	ed on matters involv
4650 Sunset Bouleva	ard, MS# 97		this application (give a	rea code) (323) 669-2103	
Los Angeles, CA 900	27		rionaritonoy	(020) 000 2100	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter in	·
9 5 — 1 6 9 0	9 7 7		A. State	H. Independent School Dist.	N
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of	of Higher Learning
New	Continuation	Revision	C. Municipal	J. Private University	
_			D. Township	K. Indian Tribe	
If Revision, enter appropriate lett	er(s) in box(es)		E. Interstate F. Intermunicipal	L. Individual M. Profit Organization	
A. Increase Award B. Dec	rease Award C. Increase	Duration	G. Special District		-Profit
D. Decrease Duration Other(specify):		9. NAME OF FEDERA	L AGENCY:	
***************************************			USDA Bural Devi	elopment - California	
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE NU [1 0 — 7 6 6		LE OF APPLICANT'S PROJE al Los Angeles eHealth F	
TITLE:					
12. AREAS AFFECTED BY PRO	•	•			
Woodlake, Lindsay, Cutle	r-Orosi, Tulare County	, California			
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:			
Start Date	a. Applicant 31		b. Project	21	
15. ESTIMATED FUNDING:			16. IS APPLICATION S	SUBJECT TO REVIEW BY ST	ATE EXECUTIVE
a. Federal	and Superior complete and the superior of the	220,000			
I A C		.00		PPLICATION/APPLICATION W	
b. Applicant	Harrison O W Verrina Vario	•		TO THE STATE EXECUTIVE FOR REVIEW ON:	ORDER 12372
c. State APR	£ 2 2005	.00	DATE		
d. Local STATE CL	ÉARING HOUSE	.00	h No. 🗖 PROGRAM	M IS NOT COVERED BY E. O.	12372
e. Other	***************************************	300,000		RAM HAS NOT BEEN SELEC	
f. Program Income	\$.00			
g. TOTAL	\$	00	-	T DELINQUENT ON ANY FED	,
		520,000 ·	Yes If "Yes," at	-	☑ No
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY	·				

a. Type Name of Authorized Representative Sylvester 'Sac' Carreathers

d. Signature of Authorized Bepresentative

ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

Administrative Director

c. Telephone Number (323) 669-4110

APPLICATION FOR		O DATE CUDMITTED		Applicant Iden	Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED 4/19/05			
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	ion Identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	fier
Non-Construction	☑ Non-Construction				
5. APPLICANT INFORMATION Legal Name:		to the second se	Organizational Uni	1 :	
Community Action Agency of Sa	in Mateo County, Inc.		Department:	The second secon	
Organizational DUNS:	mates county, mer		Division:		
09-343-6137 Address:			Name and telephor	ne number of pe	rson to be contacted on matters
Street:			involving this appl	ication (give are	
930 Brittan Avenue			Prefix: Mr.	First Name: William	
City: San Carlos			Middle Name Francis		
County: San Mateo			Last Name Parker		
State: CA	Zip Code 94070		Suffix:		
Country: U.S.A.	L		Email: grace@caasm.org		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):	· Marie · Mari	Phone Number (give	area code)	Fax Number (give area code)
94-2475728			650-595-1342		650-595-5376
8. TYPE OF APPLICATION:			7. TYPE OF APPLIC	CANT: (See bac	k of form for Application Types)
V Nev	v Continuation	n 🗌 Revision	O - Not for Profit Or	ganization	
If Revision, enter appropriate lett (See back of form for description	of letters.)		Other (specify)		
Other (specify)			9. NAME OF FEDE		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	CE NUMBER:	USDA, Rural Develo	•	CANT'S PROJECT:
TITLE (Name of Program): 12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	1 0 - 4 4 3 s, States, etc.):	Renovation project areas of San Mateo		omeowners in the rural Coastside
Coastside, San Mateo County					
13. PROPOSED PROJECT	Te-dia- Data		14. CONGRESSION a. Applicant	IAL DISTRICTS	OF: b. Project
Start Date: 10/0/05	Ending Date: 9/30/06		12, 14		12, 14
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PRO		REVIEW BY STATE EXECUTIVE
a. Federal \$ b. Applicant \$	PAGE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100,000	a. Yes. AVAILA	REAPPLICATION	WAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372 W ON
c. State \$	I have been a second as	00	DATE:		
	APR 2 2 200) 00			/EDED BY E O 19979
d. Local \$			_ D. No. 11.1		/ERED BY E. O. 12372
e. Other	TATE CLEARING H		FOR RE	EVIEW	T BEEN SELECTED BY STATE
f. Program Income	1970年中间,1970年日,1970年日,1970年日,1970年日,1970年日,1970年日,1970年日,1970年日,1970年日,1970年日,1970年日,1970年日,1970年日,1970年日,1970年	.00	17. IS THE APPLIC	ANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		200,000	Yes If "Yes" atta	•	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PREAPP THE APPLICANT AN	LICATION ARE T D THE APPLICA	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
a. Authorized Representative Prefix	First Name		Midd	le Name	
Prefix Mr.	William		Frai Suffi	ncis	
Last Name Parker	·				
b. Title Executive Director				lephone Number 595-1342	(give area code)
d. Signature of Authorized Repre	sentative	10 Aly	e. Da 4/19	ate Signed	Mighthen
Previous Edition Usable Authorized for Local Reproduction	on			<i>y</i>	Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED 4/19/05		Applicant Ider	ititier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	ion Identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENC	Y Federal Identi	fier
Non-Construction	☑ Non-Construction				
5. APPLICANT INFORMATION Legal Name:	***************************************		Organizational U	nit:	
Community Action Agency of Sa	an Mateo County Inc		Department:		
Organizational DUNS:			Division:		
09-343-6137 Address:			Name and teleph	one number of ne	rson to be contacted on matters
Street:			involving this ap	plication (give are	
930 Brittan Avenue			Prefix: Mr.	First Name: William	
City: San Carlos			Middle Name Francis		
County: San Mateo			Last Name Parker		
State: CA	Zip Code 94070		Suffix:		
Country: U.S.A.	1 0 10 10 10 10 10 10 10 10 10 10 10 10		Email: grace@caasm.or	α	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (g		Fax Number (give area code)
94-2475728]		650-595-1342		650-595-5376
8. TYPE OF APPLICATION:	J		7. TYPE OF APP	LICANT: (See bac	k of form for Application Types)
☑ Nev		n 🔲 Revision	O - Not for Profit	Organization	
If Revision, enter appropriate lett (See back of form for description			Other (specify)		
Other (specify)			9. NAME OF FED USDA, Rural Dev	ERAL AGENCY: elopment	
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANC	E NUMBER:			CANT'S PROJECT:
TITLE (Name of Program):		10-443	Renovation proje of San Mateo Co		entals in the rural Coastside areas
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	s, States, etc.):			
Coastside, San Mateo County					
13. PROPOSED PROJECT	TE-di D-t-			ONAL DISTRICTS	
Start Date: 10/0/05	Ending Date: 9/30/06		a. Applicant 12, 14		b. Project 12, 14
15. ESTIMATED FUNDING:		MACHINE AND PROPERTY AND PROPER	16. IS APPLICAT ORDER 12372 PF		REVIEW BY STATE EXECUTIVE
a. Federal	RECEIV	00	THIS	PREAPPLICATION	N/APPLICATION WAS MADE
b. Applicant \$	Panel James James J. J.	.00,000	_ AVAI	LABLE TO THE ST CESS FOR REVIE\	ATE EXECUTIVE ORDER 12372 N ON
c. State \$	APR 2 2 20	05	DATE	: 4/19/05	
	7111 20 00 00	00			/ERED BY E. O. 12372
d. Local \$	STATE CLEARING	HOUSE	D. No.		
e. Other \$	The state of the s	100,00 0 · · · · · · · · · · · · · · · · · ·	1 1 1	ROGRAM HAS NC REVIEW	OT BEEN SELECTED BY STATE
f. Program Income \$	4.0000000000000000000000000000000000000	. 00			NT ON ANY FEDERAL DEBT?
g. TOTAL \$		200,000	i	tach an explanation	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PREAF THE APPLICANT A	PLICATION ARE AND THE APPLICA	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
a. Authorized Representative			la a:	ddla Nama	
Prefix Mr.	First Name William		F	ddle Name rancis	
Last Name Parker			Su	ffix	
b. Title Executive Director		21		Telephone Number 60-595-1342	(give area code)
d. Signature of Authorized Repre	esentative	wo Hay	e.	Date Signed 19/05	Multon
Previous Edition Usable Authorized for Local Reproduction	on				Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

	E	2. DATE SUBMITTE	D	Applicant Id	Version 'entifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED	BY STATE	State Applie	ation Identifier
Application	Pre-application			State Applic	ation identifier
Construction	Construction		BY FEDERAL AGENCY	Federal Ider	ntifier
Non-Construction 5. APPLICANT INFORMATION	<u> </u>	tion			
Legal Name:			Organizational Unit	ļ	
The Regents of the University	of California		Department:		
Organizational DUNS: 12-508-4723			Institute of Marine S	ciences	
Address:					
Street: University of California, Santa C	\	The state of the s	Name and telephon involving this appli	e number of p	erson to be contacted on matter
1156 High Street	/ruz	CCEWED	Prefix:	First Name:	ea code)
City: Santa Cruz		Lance Control	Middle Name	David	
County:		ECEIVED APR 2 2 2005	- VI and N		
Santa Cruz State:	7:00-1	APR	Last Name Casper		
State: CA	Zip Code 95064	OLEARING HOU	Suffix:		
Country: United States	ST	ATE CLEARING HOU	Email:		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):	generally Charles and States	dcasper@ucsc.edu Phone Number (give a		
94-1539563			(831) 459-3135	area code)	Fax Number (give area code)
. TYPE OF APPLICATION:	J		1, , ,		(831) 459-3383
₽ New	Continu	ation F Revision	I .		k of form for Application Types)
Revision, enter appropriate lette See back of form for description	>r/a\ in hass/\	TICVISION	I- State Controlled Ins	stitution of Highe	er Learning
			Other (specify)		
Other (specify)	_	<u>—</u> ,	9. NAME OF FEDERA	AL AGENCY:	
0. CATALOG OF FEDERAL D	OMESTIC ASSIST	ANCE NUMBER	NOAA		
			11. DESCRIPTIVE TI		
ITLE (Name of Program):		1 1-4 3 9	Cruz Long Marine Lat	nding Response	e at University of California Santa
larine Mammal Data Program	LEOT (Oliv		,	-	
AREAS AFFECTED BY PRO anta Cruz and San Mateo Cour	SECT (Cities, Cour	nties, States, etc.):			
B. PROPOSED PROJECT	ities, California				
TOTOLD PROJECT	Ending Date		14 0010000000		
art Date:	⊨nuing Date:		14. CONGRESSIONA		
1/05	Ending Date: 6/30/06		a. Applicant		b. Project
1/05 5. ESTIMATED FUNDING:			a. Applicant 17th 16. IS APPLICATION	SUBJECT TO	b. Project 17th
1/05		80	a. Applicant 17th 16. IS APPLICATION ORDER 12372 PROCE	SUBJECT TO I	b. Project 17th REVIEW BY STATE EXECUTIVE
1/05 ESTIMATED FUNDING:		37,581 oo	a. Applicant 17th 16. IS APPLICATION ORDER 12372 PROCE a. Yes. AVAILABL	SUBJECT TO I SS? APPLICATION/ E TO THE STA	b. Project 17th REVIEW BY STATE EXECUTIVE APPLICATION WAS MADE TE EXECUTIVE ORDER 12879
1/05 5. ESTIMATED FUNDING: Federal \$ Applicant \$		37,581 12,527	a. Applicant 17th 16. IS APPLICATION ORDER 12372 PROCE a. Yes. AVAILABL	SUBJECT TO I	b. Project 17th REVIEW BY STATE EXECUTIVE APPLICATION WAS MADE TE EXECUTIVE ORDER 12877
1/05 5. ESTIMATED FUNDING: Federal \$ Applicant \$ State \$		37,581	a. Applicant 17th 16. IS APPLICATION ORDER 12372 PROCE a. Yes. AVAILABL	SUBJECT TO I SS? APPLICATION/ E TO THE STA FOR REVIEW	b. Project 17th REVIEW BY STATE EXECUTIVE APPLICATION WAS MADE
1/05 5. ESTIMATED FUNDING: Federal \$ Applicant \$		37,581 12,527	a. Applicant 17th 16. IS APPLICATION ORDER 12372 PROCE a. Yes. 7 THIS PRE AVAILABL PROCESS DATE: 4/2	SUBJECT TO I SS? APPLICATION/ E TO THE STA FOR REVIEW	b. Project 17th REVIEW BY STATE EXECUTIVE APPLICATION WAS MADE TE EXECUTIVE ORDER 12372 ON
1/05 5. ESTIMATED FUNDING: Federal \$ Applicant \$ State \$		37,581 00 12,527 00	a. Applicant 17th 16. IS APPLICATION ORDER 12372 PROCE a. Yes. AVAILABL PROCESS DATE: 4/2 b. No. IT PROGRAM	SUBJECT TO I SSS? APPLICATION/ E TO THE STA FOR REVIEW 12/05	b. Project 17th REVIEW BY STATE EXECUTIVE APPLICATION WAS MADE TE EXECUTIVE ORDER 12372 ON ERED BY E. O. 12372
1/05 5. ESTIMATED FUNDING: Federal \$ Applicant \$ State \$ Local \$ Other \$		37,581	a. Applicant 17th 16. IS APPLICATION ORDER 12372 PROCE a. Yes. AVAILABL PROCESS DATE: 4/2 b. No. IT PROGRAM FOR REVIE	SUBJECT TO I SS? APPLICATION, E TO THE STA E FOR REVIEW 12/05 M IS NOT COVE RAM HAS NOT	b. Project 17th REVIEW BY STATE EXECUTIVE APPLICATION WAS MADE TE EXECUTIVE ORDER 12372 ON ERED BY E. O. 12372 BEEN SELECTED BY STATE
1/05 5. ESTIMATED FUNDING: Federal \$ Applicant \$ State \$ Local \$ Other \$		37,581 00 12,527 00	a. Applicant 17th 16. IS APPLICATION ORDER 12372 PROCE a. Yes. AVAILABL PROCESS DATE: 4/2 b. No. IT PROGRAM FOR PROGI	SUBJECT TO I SS? APPLICATION, E TO THE STA E FOR REVIEW 12/05 M IS NOT COVE RAM HAS NOT	b. Project 17th REVIEW BY STATE EXECUTIVE APPLICATION WAS MADE TE EXECUTIVE ORDER 12372 ON ERED BY E. O. 12372 BEEN SELECTED BY STATE
1/05 5. ESTIMATED FUNDING: Federal \$ Applicant \$ State \$ Local \$ Other \$ Program Income \$ TOTAL \$	6/30/Ŏ6	37,581 00 12,527 00 00	a. Applicant 17th 16. IS APPLICATION ORDER 12372 PROCE a. Yes. AVAILABL PROCESS DATE: 4/2 b. No. PROGRAM OR PROGRAM 17. IS THE APPLICAN	SUBJECT TO I SSS? APPLICATION/ E TO THE STA FOR REVIEW 2/05 I IS NOT COVE RAM HAS NOT EW T DELINQUEN	b. Project 17th REVIEW BY STATE EXECUTIVE APPLICATION WAS MADE TE EXECUTIVE ORDER 12372 ON RED BY E. O. 12372 BEEN SELECTED BY STATE T ON ANY FEDERAL DEBT?
1/05 5. ESTIMATED FUNDING: Federal \$ Applicant \$ State \$ Local \$ Other \$ Program Income \$ TOTAL \$	6/30/06	37,581 00 12,527 00 00 00 00 00 50,108	a. Applicant 17th 16. IS APPLICATION ORDER 12372 PROCE a. Yes. AVAILABL PROCESS DATE: 4/2 b. No. PROGRAM OR PROGI FOR REVIE 17. IS THE APPLICAN Yes If "Yes" attach a	SUBJECT TO I SS? APPLICATION, E TO THE STA FOR REVIEW 12/05 I IS NOT COVE RAM HAS NOT EW T DELINQUEN an explanation.	b. Project 17th REVIEW BY STATE EXECUTIVE APPLICATION WAS MADE TE EXECUTIVE ORDER 12372 ON ERED BY E. O. 12372 BEEN SELECTED BY STATE T ON ANY FEDERAL DEBT?
1/05 5. ESTIMATED FUNDING: Federal \$ Applicant \$ State \$ Local \$ Other \$ Program Income \$ TOTAL \$ TO THE BEST OF MY KNOW CUMENT HAS BEEN DULY AUTACHED ASSURANCES IF TH	LEDGE AND BELLI	37,581 00 12,527 00 00 00 00 00 00 00 00 00 00 00 00 00	a. Applicant 17th 16. IS APPLICATION ORDER 12372 PROCE a. Yes. AVAILABL PROCESS DATE: 4/2 b. No. PROGRAM OR PROGI FOR REVIE 17. IS THE APPLICAN Yes If "Yes" attach a	SUBJECT TO I SS? APPLICATION, E TO THE STA FOR REVIEW 12/05 I IS NOT COVE RAM HAS NOT EW T DELINQUEN an explanation.	b. Project 17th REVIEW BY STATE EXECUTIVE APPLICATION WAS MADE TE EXECUTIVE ORDER 12372 ON FRED BY E. O. 12372 BEEN SELECTED BY STATE T ON ANY FEDERAL DEBT?
1/05 E ESTIMATED FUNDING: Federal \$ Applicant \$ State \$ Local \$ Other \$ Program Income \$ TOTAL \$ TO THE BEST OF MY KNOW CUMENT HAS BEEN DULY AU FACHED ASSURANCES IF THAUthorized Representative	LEDGE AND BELI JTHORIZED BY THE E ASSISTANCE IS	37,581 00 12,527 00 00 00 00 00 00 00 00 00 00 00 00 00	a. Applicant 17th 16. IS APPLICATION ORDER 12372 PROCE a. Yes. AVAILABL PROCESS DATE: 4/2 b. No. PROGRAM OR PROGI FOR REVIE 17. IS THE APPLICAN Yes If "Yes" attach a	SUBJECT TO I SS? APPLICATION, E TO THE STA FOR REVIEW 12/05 I IS NOT COVE RAM HAS NOT EW T DELINQUEN an explanation.	b. Project 17th REVIEW BY STATE EXECUTIVE APPLICATION WAS MADE TE EXECUTIVE ORDER 12372 ON FRED BY E. O. 12372 BEEN SELECTED BY STATE T ON ANY FEDERAL DEBT?
1/05 E. ESTIMATED FUNDING: Federal \$ Applicant \$ State \$ Local \$ Other \$ Program Income \$ TOTAL \$ TO THE BEST OF MY KNOW CUMENT HAS BEEN DULY AUTOLUMENT HAS BEEN BULLY AUTOLUMENT HAS BULLY BUL	LEDGE AND BELLI	37,581 00 12,527 00 00 00 00 00 00 00 00 00 00 00 00 00	a. Applicant 17th 16. IS APPLICATION ORDER 12372 PROCE a. Yes. AVAILABL PROCESS DATE: 4/2 b. No. PROGRAM OR PROGI FOR REVIE 17. IS THE APPLICAN Yes If "Yes" attach a	SUBJECT TO I SSS? APPLICATION/ E TO THE STA FOR REVIEW 12/05 MIS NOT COVE RAM HAS NOT EW T DELINQUEN an explanation. ATION ARE TR HE APPLICAN	b. Project 17th REVIEW BY STATE EXECUTIVE APPLICATION WAS MADE TE EXECUTIVE ORDER 12372 ON FRED BY E. O. 12372 BEEN SELECTED BY STATE T ON ANY FEDERAL DEBT?
1/05 5. ESTIMATED FUNDING: Federal \$ Applicant \$ State \$ Local \$ Other \$ Program Income \$ TOTAL \$ TO THE BEST OF MY KNOW CUMENT HAS BEEN DULY AL FACHED ASSURANCES IF THAUTHORIZED Representative fix FC	LEDGE AND BELI JTHORIZED BY THE E ASSISTANCE IS JUST Name	37,581 00 12,527 00 00 00 00 00 00 00 00 00 00 00 00 00	a. Applicant 17th 16. IS APPLICATION ORDER 12372 PROCE a. Yes. AVAILABL PROCESS DATE: 4/2 b. No. PROGRAM OR PROGI FOR REVIE 17. IS THE APPLICAN THE APPLICANT AND T Middle N L.	SUBJECT TO I SSS? APPLICATION/ E TO THE STA FOR REVIEW 12/05 MIS NOT COVE RAM HAS NOT EW T DELINQUEN an explanation. ATION ARE TR HE APPLICAN	b. Project 17th REVIEW BY STATE EXECUTIVE APPLICATION WAS MADE TE EXECUTIVE ORDER 12372 ON FRED BY E. O. 12372 BEEN SELECTED BY STATE T ON ANY FEDERAL DEBT?
1/05 ESTIMATED FUNDING: Federal \$ Applicant \$ State \$ Local \$ Other \$ FOTAL \$ TO THE BEST OF MY KNOW CUMENT HAS BEEN DULY AL FACHED ASSURANCES IF THAUTHORIZED Representative fix Name sman little	LEDGE AND BELI JTHORIZED BY THE E ASSISTANCE IS JUST Name	37,581 00 12,527 00 00 00 00 00 00 00 00 00 00 00 00 00	a. Applicant 17th 16. IS APPLICATION ORDER 12372 PROCE a. Yes. 7 THIS PRE AVAILABL PROCESS DATE: 4/2 b. No. 7 PROGRAM FOR PROGI FOR REVIE 17. IS THE APPLICAN THE APPLICANT AND T Middle N L. Suffix	SUBJECT TO I SSS? APPLICATION/ E TO THE STA FOR REVIEW 12/05 M IS NOT COVE RAM HAS NOT EW T DELINQUEN an explanation. ATION ARE TR HE APPLICAN	b. Project 17th REVIEW BY STATE EXECUTIVE APPLICATION WAS MADE THE EXECUTIVE ORDER 12372 ON RED BY E. O. 12372 BEEN SELECTED BY STATE T ON ANY FEDERAL DEBT? No UE AND CORRECT. THE T WILL COMPLY WITH THE
1/05 5. ESTIMATED FUNDING: Federal \$ Applicant \$ State \$ Local \$ Other \$ TOTAL \$ TO THE BEST OF MY KNOW CUMENT HAS BEEN DULY AL FACHED ASSURANCES IF THE Authorized Representative fix Name sman its learner of the small its	LEDGE AND BELI JTHORIZED BY THE ASSISTANCE IS irst Name indy	37,581 00 12,527 00 00 00 00 00 00 00 00 00 00 00 00 00	a. Applicant 17th 16. IS APPLICATION ORDER 12372 PROCE a. Yes. 7 THIS PRE AVAILABL PROCESS DATE: 4/2 b. No. 1 PROGRAM FOR PROGI 17. IS THE APPLICAN Yes If "Yes" attach a PLICATION/PREAPPLICA THE APPLICANT AND T Middle N L. Suffix c. Teleph	SUBJECT TO I SSS? APPLICATION/ E TO THE STA FOR REVIEW 2/05 AIS NOT COVE RAM HAS NOT W T DELINQUEN AN explanation. ATION ARE TR HE APPLICAN aine	b. Project 17th REVIEW BY STATE EXECUTIVE APPLICATION WAS MADE THE EXECUTIVE ORDER 12372 ON RED BY E. O. 12372 BEEN SELECTED BY STATE T ON ANY FEDERAL DEBT? No THE AND CORRECT. THE T WILL COMPLY WITH THE
1/05 ESTIMATED FUNDING: Federal \$ Applicant \$ State \$ Local \$ Other \$ FOTAL \$ TO THE BEST OF MY KNOW CUMENT HAS BEEN DULY AL FACHED ASSURANCES IF THAUTHORIZED Representative fix Name sman little	LEDGE AND BELI JTHORIZED BY THE ASSISTANCE IS irst Name indy	37,581 00 12,527 00 00 00 00 00 00 00 00 00 00 00 00 00	a. Applicant 17th 16. IS APPLICATION ORDER 12372 PROCE a. Yes. 7 THIS PRE AVAILABL PROCESS DATE: 4/2 b. No. 7 PROGRAM FOR PROGI FOR REVIE 17. IS THE APPLICAN THE APPLICANT AND T Middle N L. Suffix	SUBJECT TO I SSS? APPLICATION/ E TO THE STA S FOR REVIEW 2/05 MIS NOT COVE RAM HAS NOT EW T DELINQUEN AN explanation. ATION ARE TR HE APPLICAN aine	b. Project 17th REVIEW BY STATE EXECUTIVE APPLICATION WAS MADE TE EXECUTIVE ORDER 12372 ON RED BY E. O. 12372 BEEN SELECTED BY STATE T ON ANY FEDERAL DEBT? IV NO IUE AND CORRECT. THE T WILL COMPLY WITH THE

P. Ø2/Ø2 Version 9/03

APPLICATION FOR FEDERAL ASSISTAN	PPLICATION FOR EDERAL ASSISTANCE			BMITTE	Applicant Identifier				
1. TYPE OF SUBMISSION:			3. DATE RE	CEIVED	BY STATE		State Applic	sation Identifier	
Application	Preapplic	ation							
Construction	Const	truction	4. DATE RE	CEIVED	HA EEDEBYI	AGENCY	Foderal low	nijfier	
✓ Non-Construction	Non-C	Construction							
5. APPLICANT INFORMATION			AND RESIDENCE AND AND CHARGE AND AND CHARGE		Organizatio	nal Unit:			
* Legal Name: Regents of the	University	of California	EIVE	DI	Department: Environmental Sciences				
Organizational DUNS:	62779742		000		Division:	> 1 min 4 + has managed			
Address:		APR	22 200	J	Name and tel			to be contacted on matters involving	
* Street1: Sponsored Projects	Administrat	lion	EARING P	OUSE				Villam	
* Street1: Sponsored Projects Administration STATE CLEARING HOUSE Street2: 200 University Office Building					-Prefix: Dr.			Villatii	
* City: Riverside	Co	ounty Riverside			Middle Name	<u></u>			
	ode: 9252	1 • Cour	itry US/		* Last Name:				
		انت م	,	`	Suffix: Jr.			m.frankenberger@ucr.edu	
6, * EMPLOYER IDENTIFICATIO	N NUMBE	K (EIN):			Phone Num			ax Number (give area code)	
95-6006142					(951) 827-34	·		951) 827-2954	
B. TYPE OF APPLICATION:		Revision					T: ≥-Controlle	ed Institution of Highe	
☑ New ☐ Continuati			Other (specify)						
if Revision, enter appropriate letter(s) in box(es)									
A. Increase Award B. Decrease Award C. Increase Duration					9. * NAME O				
D. Decrease Duration Other (specify):					Environment	I Protection	Agency		
10. CATALOG OF FEDERAL DO	MESTIC A	SSISTANCE	66.46	3	11. " DESCR	IPTIVE TITLI	E OF APPLIC	CANT'S PROJECT:	
TITLE: Water Quality Cooperative A	greements				Developmer Perchlorate		ation of Biose	nsors for Real Time Analysis of	
12. * AREAS AFFECTED BY PRO	OJECT	(Cilies, Counties, States, et	c.):						
Several States					mah water				
13. * PROPOSED PROJECT:					14. * CONGRESSIONAL DISTRICTS OF:				
* Start Date		* Ending Date			* a. Applicant		•	* b. Project	
10/01/2005		09/30/2008			44			44	
15. * ESTIMATED FUNDING:					16. IS APPLI			EVIEW BY STATE EXECUTIVE	
a. Federal	\$	123,908	.00				•	ATION WAS MADE AVAILABLE TO	
* b. Appilcant	5	0	.00					PROCESS FOR REVIEW ON:	
* c. State	5	Ò	.00		☑ Υ	ES DATE	04/22/2	200\$	
d. Local	s	0	.00		b. <u></u> .Р	ROGRAM IS N	IOT COVERE	D BY E.O. 12372	
* e. Other	3.	0	.00	W	□ •	R PROGRAM	HAS NOT BE	EN SELECTED BY STATE FOR REVIEW	
* f. Program Income	\$.00		17. IS THE A	PPLICANT D	ELINQUENT	ON ANY FEDERAL DEBT?	
g. TOTAL	\$	125,908	00		☐ Yes	If "Yes," atta	ich an explan	nation. V No	
18. TO THE BEST OF MY KNOWLEDGE GOVERNING BODY OF THE APPLICANT	AND BELIEF, AND THE AP	ALL DATA IN THIS APPLICANT WILL COMPL	PLICATION PRE Y WITH THE AT	EAPPLICA TACHED	TION ARE TRUE A	ND CORRECT. THE ASSISTANC	THE DOCUMEN E 19 AWARDED	T MAS BEEN DULY AUTHORIZED BY THE	
a. Authorized Prefix: Representative * Lest Name:	Gomez	' First Name: Ru	oen			Middle N		uffix:	
b. Title: Principal Contract And	Grant And	alyst		° c. Teler	phone Number	(Dive area co		27-4809	
* Email: ruben.gomez@ucr.edu					ber (give area		, <u> </u>	327-4463	
d. Signature of Authorized Repres	ed on submis	sion to (Grants,gov	e. Date S	igned; Com	pleted on submission to Grants.gov			

APPLICATION FOR					Version 9/03	
	ICE	2. DATE SUBMITT	2. DATE SUBMITTED		dentifier	
FEDERAL ASSISTAN	ICE	04/21/2005				
1, TYPE OF SUBMISSION:		3. DATE RECEIVE	BY STATE	State App	Pation John Market Mark	
Application	Preapplication	04/21/2005				
Construction	Construction	,			APR 2 2 2005	
Non-Construction	Non-Construction				2 2000	
	The second secon	<u> </u>	Organizational (STA	TE CLEARING HOUSE	
5. APPLICANT INFORMATION					TOOSE TOOSE	
* Legal Name: Loyola Marymo	ount University		Department:	Civil Engineering		
* Organizational DUNS:	072946239	·····	<u> </u>	Science and Engine		
Address:	-		Name and telepho this application (gi		n to be contacted on matters involving	
Street1: 1 LMU Drive			Prefix: Mr.	• First Name:	Joseph	
Street2:			Middle Name: C.			
- City: Los Angeles	County Los An	geles		aichenberger		
*State: CA *Zip (Code: 90045-2659 Co	ountry USA	Suffix:		henberger@lmu.edu	
6. * EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (Fax Number (give area code)	
95-1843334	•		310-338-2630		310-338-5896	
8. TYPE OF APPLICATION:			7. TYPE OF APP	LICANT: vate Instit	tution of Higher Educat	
✓ New ☐ Continuat	ion Revision					
If Revision, onter appropriate letter	r(a) in box(aa)					
A. Increase Award B. Dacresse Awa	rd C. Increase Duration	Market and the second s	9. * NAME OF FE	DERAL AGENCY:		
D. Decreese Duretion Other (specify).			Environmental Pro	atection Agency		
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE	66.463	11. " DESCRIPTIV	E TITLE OF APPLI	CANT'S PROJECT:	
TITLE: Water Quality Cooperative	Agreements		Evaluation of Bes	•	tices (BMPs) to Remove Metals and	
12. AREAS AFFECTED BY PR	OJECT (Cities, Coundes, States	, a(c):	Circi Goddon 30	ou i diretti i		
City of Los Angeles						
13. PROPOSED PROJECT:			14. " CONGRESS	IONAL DISTRICTS	OF:	
- Start Date	* Ending Date		* a. Applicant		- b. Project	
10/15/2005	12/31/2006		36		36	
15. * ESTIMATED FUNDING:					REVIEW BY STATE EXECUTIVE	
* a. Federal	\$ 99,2	54.40	ORDER 12372 PR		CATION WAS MADE AVAILABLE TO	
b. Applicant	\$	0.00			PROCESS FOR REVIEW ON:	
* c. State	\$	0.00	✓ YES	DATE 04/21	/2005	
* d. Local	S	0.00	b. PROG	RAM IS NOT COVERE	ED BY E.O. 12372	
e. Other	\$	0.00	OR PR	OGRAM HAS NOT BE	EEN SELECTED BY STATE FOR REVIEW	
* f. Program income	3	0.00	17. IS THE APPL	ICANT DELINQUEN	T ON ANY FEDERAL DEBT?	
g. TOTAL	\$		Yes If "Y	'es," attach an expla	nation. 🔽 No	
16, "TO THE BEST OF MY KNOWLEDGE GOVERNING BODY OF THE APPLICANT	AND BELIEF, ALL DATA IN THIS AND THE APPLICANT WILL CON	APPLICATION/PREAPPLIC	ATION ARE TRUE AND C ASSURANCES IF THE A	ORRECT. THE DOCUME SGISTANCE IS AWARDE	NT MAS BEEN DULY AUTHORIZED BY THE D.	
a. Authorized Prefix: Dr. Representative		Birute		Middle Name Anne		
Last Name:	Vileisis				Suffix:	
* b. Title: Associate AVP Acade	emic Grants	° c. Tels	aphane Number (give	e area code): 310-3	38-6004	
* Email; bvileisis@lmu.edu		Fax Nui	nber (give area code	e): 310-3	336-5193	
d. Signature of Authorized Repres	sentative Comp	leted on submission to	Grants gov e	a. Date Signed: Cor	mpleted on submission to Grants.gov	

APPLICATION FOR	_	2 DATE CURMITTED		Annii-nut Idan	Version 7/03		
FEDERAL ASSISTANCE		2. DATE SUBMITTED March 9, 2005		Applicant Iden			
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicati	State Application Identifier		
✓ Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGEN	ICY Federal Identif	Federal Identifier		
Non-Construction	Non-Construction						
5. APPLICANT INFORMATION Legal Name:			Organizational	I Init:			
City of Visalia			Department:				
Organizational DUNS:			Division:	Airports			
169-200011					was to be sentented on mottors		
Address: Street:				pplication (give are	rson to be contacted on matters a code)		
707 West Acequia			Prefix: Mr.	First Name: Mario			
City: Visalia			Middle Name				
County: Tulare			Last Name Cifuentez				
State: California	Zip Code 93291		Suffix:				
Country:	1 33231		Email:				
USA 6. EMPLOYER IDENTIFICATION	N NUMBER (FIN):		Phone Number	ez@ci.visalia.ca.us	Fax Number (give area code)		
94-6000449			(559) 738-3201	igrio aroa occas,	(559) 713-4827		
8. TYPE OF APPLICATION:			7. TYPE OF AP	PLICANT: (See back	c of form for Application Types)		
☑ Nev		n 🖺 Revision	C. Municipal	•			
If Revision, enter appropriate lett (See back of form for description	er(s) in box(es) of letters.)		Other (specify)				
	, U		O NAME OF FE	DEDAL ACENCY			
Other (specify)			Federal Aviation	DERAL AGENCY: Administration			
10. CATALOG OF FEDERAL I	OOMESTIC ASSISTANC	E NUMBER:		VE TITLE OF APPLI			
TITLE (Name of Program): Airport Improvement Program		20-106	Construct Sou	ith Side Taxiway - Ph	are County, California ase 3 Box PAPI on Runway 30		
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	s, States, etc.):					
County of Tulare							
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	SIONAL DISTRICTS	OF: b. Project		
2005	2005		19		21		
15. ESTIMATED FUNDING:			ORDER 12372 F	ROCESS?	REVIEW BY STATE EXECUTIVE		
a. Federal \$		1,000,000	a. Yes. Z	S PREAPPLICATION VILABLE TO THE STA	I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372		
b. Applicant \$	FORM/ED	2,630	PRO	DCESS FOR REVIEV	V ON		
c. State	ECHIVED	50,000	DAT	E: March 11, 2005			
d. Local \$	MAR 2 5 2005	00	D. NO. LL.		ERED BY E. O. 12372		
e. Other		.00	FOF	REVIEW	T BEEN SELECTED BY STATE		
f. Program Income STA	TE CLEARING HOU	SE .00	17. IS THE APP	LICANT DELINQUE	NT ON ANY FEDERAL DEBT?		
g. TOTAL	CONTRACTOR AND	1,052,630 ·	1	attach an explanation			
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PREA THE APPLICANT	PPLICATION ARE T AND THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE		
a. Authorized Representative Prefix	First Name		In.	/liddle Name			
Prefix Mr. Last Name	First Name Mario		Suffix				
Cifuentez			1	<u> </u>	/wine area anda'		
b. Title Airport Manager		(. Telephone Number 559) 738-3201	(give area code)			
d. Signature of Authorized Repre	sentative		е	. Date Signed	16.05		
Previous Edition Usable					Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102		
Authorized for Local Reproduction	и і				1 1636/IDEG BY CIVID Official A-102		

APPLICATION FOR FEDERAL ASSISTANCE	E 2. Date Submitted	Applicant Identifier					
1. Type of Submission:	3. Date Rec'd by State	State Application Identifier					
Application Preapplication							
Construction Construction X Nonconstruction Nonconstruction	4. Date Rec'd by Federal	Federal Identifier					
5. Applicant Information:	Organizational Unit:						
Legal Name and Address:	Division of Financial Assistance	1					
(give city, county, state, and zip code)	Name and telephone of person to be						
State Water Resources Control Board	involving this application (give area	(code):					
1001 T Street, Sacramento County	Lauma Jurkevics						
Sacramento, California 95814	(916) 341-5498						
6. Employer Identification Number (EIN): 68028		oriate letter)A ependent School District					
6. DUNS Number: 808321913	B. County I. State	Institute of Higher Learning					
8. Type of Application:		ate University					
X New Revision Continuation		an Tribe					
If Revision, enter appropriate letter(s):	E. Interstate L. Indi						
A. Increase Award C. Increase Duration B. Decrease Award D. Decrease Duration		fit Organization					
C. Increase Duration D. Decrease Duration	G. Special District N. Oth	er (specify)					
Other (specify)							
	9. Name of Federal Agency:						
10. Catalog of Federal Domestic Assistance Number 66.460	U. S. Environmental	U. S. Environmental Protection Agency					
Title: Nonpoint Source Implementation Grants	11. Descriptive Title of Applicant's	Project:					
	Implement and coordinate activities						
12. Area Affected by Project:	Clean Water Act, Section 319(h) fo	r funding nonpoint source					
(cities, counties, states, etc.)	management projects.						
California							
13. Proposed Project:							
Start Date End Date	14. Congressional District of:						
7/1/2005 6/30/2010	Applicant: Project						
		nia - All					
15. ESTIMATED FUNDING:	16. Is the application subject to rev						
	Executive Order (EO) 12372 proce						
a. Federal \$10,701,40							
b. Applicant \$0	•	EO 12372 process for					
c. State \$7,134,26		March 21, 2005					
d. Local \$0		March 21, 2005					
e. Other \$0		ot covered by EO # 12372					
f. Program Income \$0	state for revie	not been selected by the					
g. TOTAL \$17,835,60							
	YES, attach explanation	X NO					
18. TO THE BEST OF MY KNOWLEDGE AND BE	LIFE ALL DATA IN THIS APPLICATION/PRE	APPLICATION ARE					
TRUE AND CORRECT, THE DOCUMENT HAS BE							
APPLICANT, AND THE APPLICANT WILL COMP							
IS AWARDED.							
a. Typed Name of Authorized Representative	b. Title:	c. Telephone Number					
Celeste Cantú	Executive Director	(916) 341-5615					
d. Signature of Authorized Representative		e. Date Signed:					
- Britain S. Francisco Copies Copies							
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MAR 2 1 2005

Prescribed by OMB Circular A-102

STATE CLEARING HOUSE

						Version 7/03	
· PPI YO · TYON TO	າກ	2. DATE SUBMITT		Applicant l	dentifier		
APPLICATION FO		April 21, 2005					
FEDERAL ASSIST	ANCE	3. DATE RECEIVE	D BY STATE		State Appli	cation Identifier	
Application	Pre-application						
•	Construction	4. DATE RECEIVE	D HY FEDERAL	AGENCY	iENCY l'ederal Identifier		
Construction XNon-Construction	Non-Construction	4, 51, 11, 11, 11, 11, 11, 11, 11, 11, 11					
5. APPLICANT INFORMAT	ION		Organization	mal Unit:			
Legal Name:			Departmen	ţ:			
City Of San Diego	And the second s			partment		1	
Organizational DUNS:	RECE	IVED	Ducinage	Division: Business Operations			
172216389			Name and	telephone numbe	r of person to	be contacted on matters involving this	
Address: 600 B Street, MS 913	APR 2	1 2005	application	(give area code))		
Street:						First Name: Pamela	
	STATE CLEA	RING HOUSE	Mrs.	Mrs.			
City:	And in the contract of the con						
San Diego				: Carreon			
County:		Last Name	: Calleon				
San Diego	Zip Code:		Suffix:				
CA	92101						
Country:		Email:	n@spndiego.	POV			
USA 6. EMPLOYER IDENTIFICA		Phone Nu	mber (give area o	ode)	Fax Number (give area code)		
6. EMPLOYER IDENTIFICA	•	(619) 53			(619) 533-7589		
95-6000776		7 77/05	OU AUDI ICIANI	F: (See back o	f form for Application Types)		
8. TYPE OF APPLICATION	☐ Revision	7. 1412	7. TYPE OF MITTING CO.				
If Revision, enter appropriate							
(See back of form for descrip		C – Mw	nicipai				
			Other (spe	eci(y)			
Other (chapita)			O NAME	OF FEDERAL	AGENCY:		
Other (specify)			FPA				
10 CATALOG OF FEDERA	L DOMESTIC ASSIST	ANCE NUMBER:	11. DESC	RIPTIVE TITL	E OF APPLIC	CANT'S PROJECT:	
TO ENTINESS OF THE STATE OF				m I Y .	Di'	lot Program	
	66-463		Pressur	Pressure Regulator Incentive Pilot Program			
TITLE (Name of Program):	CO+-00						
Water Quality Coopers	ative Agreement All	ocation					
12. AREAS AFFECTED B	Y PROJECT (Cities, Co.	inties, States, etc):					
San Diego, California			14. CONGRESSIONAL DISTRICTS OF:				
Start Date:	Ending Dat	e;	a. Applicant b. Project				
07/05	06/08		49", 50	h, 51" and 53	IBIECT TO I	Same REVIEW BY STATE EXECUTIVE	
15. ESTIMATED FUNDIN	G:		ORDER	12372 PROCESS	S?		
a. Federal S	138,501		a. Yes	X THIS PREAP	PLICATION	APPLICATION WAS MADE OUTIVE ORDER 12372 PROCESS FOR	
	43,214		REVIEW		IVIE EVIE		
c. State \$				DATE: 04/	21/05	VERED BY E. O. 12372	
e. Other			h. No	☐ OK PROGRAM	IAM HAS NO	OT REEN SELECTED BY STATE FOR	
			REVIEW	,			
f. Program Income				IE APPLICANT f "Yes" attach st	DELINQUE	NT ON ANY FEDERAL DEBT? X No	
	SINI,715	PLUSE ALL DATA I	COMMON ADDITION	ATICINI/DDEADI	DITATION	ARE TRUE AND CORRECT. THE	
I DOCUMENT HAS BEEN	DULY AUTHORIZED I	3. J. J. H. G. G. G. A. Erciatiaci	BODY OF THE	E APPLICANT A	AND THE AT	PLICANT WILL COMPLY WITH THE	
ATTACHED ASSURANC	ES IF THE ASSISTANC	E IS AWARDED.					
a. Authorized Representative		Middle Name		• • • • • • • • • • • • • • • • • • • •			
Mr.	First Name Frank			All PS			
Laut Nama				Suffix Jr.			
Belock b. Title				c. Telephone		area code)	
Department Director				(619) 533-7	7555		
d. Signature of Authorized	Representative	6 Enter	La hal	e. Date Signed	4-3/	1-45	
Previous Edition Usable	7	· · · · · · · · · · · · · · · · · · ·				Standard Form 424 (Rev. 9-2003)	
	₩1	·					

•						Version 7/03
. DDV ICATYON FO	מר	2. DATE SUBMITTED			Applicant lo	dentifier
APPLICATION FO	TANCE	April 21, 2005				and a 1d waiting
FEDERAL ASSIST		3. DATE RECEIVED B	Y STATE		State Applie	eation Identifier
Application	Pre-application	4. DATE RECEIVED E	Y FEDERAL AC	DERAL AGENCY Federal Identifier		
Construction XNon-Construction	Construction Non-Construction	4, DATE RECTIVE				
S. APPLICANT INFORMAT	TION		Organizational	Unit:		
Legal Name: City Of San Diego			Department:			
City Of San Diego			Water Depail	(titiciti		
Organizational DUNS: 172216389			1 - 0	erations	ol person to	be contacted on matters involving this
Address:		ENEN	application (give	ve area code)	or person to	
600 B Street, MS 913	HEC	EIVED +	Prefix:			First Name:
Street	ADD	2 1 2005	Mrs.			Pamela
	APR	2 1 2003	Middle Name:			
City:		-ADMO HOUSE				1
San Diego		EARING HOUSE	Last Name: C	arteon		
San Diego	Complete Control of the Control of t		Suffix:			
State:	Zip Code:		Sullix.	_		
CA	92101		Email:			
Country: USA	PCarreon(e	gandiego.g	δγ.	Fax Number (give area code)		
6. EMPLOYER IDENTIFIC	Phone Number (give area code) (619) 533-7517 Fax Number (give area code) (619) 533-7589					
95-6000770		7. TYPE OF APPLICANT: (See back of form for Application Types)				
8. TYPE OF APPLICATIO	N:	Revision	7. TYPE OF	AITHUANI	. (202 0101	
X Ne If Revision, enter appropriat	T1 KGA(a)Oli	C – Munic	inel			
(See back of form for descri	() C)		•			
		Other (specif				
Other (specify)			TEM A	FEDERAL A		
10 CATALOG OF FEDER	AL DOMESTIC ASSIST	ANCE NUMBER:	II. DESCRI	PTIVE TITLE	OF APPLI	CANT'S PROJECT:
10 CMIMES - 17			Recirculat	ing Hot We	iter Syster	ns Residential Survey and
	66-463		Feasibility Study			
TITLE (Name of Program) Water Quality Cooper	: rative Agreement Al	location				
12. AREAS AFFECTED	BY PROJECT (Cities, Co	unties, States, etc):				
San Diego, California			14 CONGR	FSSIONAL D	ISTRICTS	OF;
13. PROPOSED PROJEC	T Ending Da	ole:	14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project			
Start Date: 10/05	10/06		49 th , 50 th ,	51" and 53	rd	REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDI	NG: \$30,100		1 00000013	シマコ かひへんだだり	29	
	\$30,100			CATTLE DEST A D	DI 10 A 710)	NAPPLICATION WAS MADE CUTIVE ORDER 12372 PROCESS FOR
a. Foderal	\$30,100		AVAILABI REVIEW O	LE TO THE S	TATE EXE	COLLAR DESCRIPTION OF THE COLLAR OF THE COLD
b. Applicant c. State	\$			DATE: Ad/	21/05	NACHED BY E. O. 13333
d. Local	5		- b. No [PROGRAM	IS NOT CO	OVERED BY E. O. 12372 IOT BEEN SELECTED BY STATE FOR
e. Other	\$		DEL GENT			
f. Program Income	E Program Income \$					ENT ON ANY FEDERAL DEBT? N. X No
A TOTA!	\$30,100			Yes" stach ar		A DE POLIC AND CORRECT THE
18. TO THE BEST OF M DOCUMENT HAS BEEN ATTACHED ASSURAN	VINUI V ALLUUMUZEE	DI 1115 CO	BODY OF THE	PPLICANT	AND THE A	PPLICANT WILL COMPLY WITH THE
a. Authorized Representat	live			Middle Name		
Pretix	Pretix First Name					
Mr. Last Name	Frank			Suffix	<u></u>	
Belock				Jr. c. Telephone l	Number (giv	e ares code)
b. Title	_			(619) \$33-1)
Department Director d. Signature of Authorize	I Representative			c. Date Signer		lore to
a Signature of Authorize	CONTRACTION.	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				Standard Form 424 (Rev. 9-2003)

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OMB Approve(0660-0003 APPLICATIO	N PART	٠1	(41),	-voeb		Commerce/W CFDA 11.550	asningiç		1	For PT Use	ΓFP		
1. APPLICAI	VT							ĮĎ	# (EIN)		387459)	
Legal Name	Founda	tion Califo	rnia State	Unive	sity Monter	≘у Вау		3.	DUNS #	08-2	241-292	0	
Organizational Unit		f Grants &						Main Station	14.71.1	FN4	00.2		
Mailing Address (line 1)	100 Car	npus Cen	ter, Buildir	ng 97				Cell Letters	<u>KAZU</u>	Radio	90.3 MHz		Channel
Address (line 2 If regulred)													
City	Seaside					State CA		Co.	anty <u>Mon</u>	terey		Zip <u>93</u> 9	955-
4. Administrativ	ve Contact					E-mall cindy_	lopez@d	sumb.ed	u				
Mr., Ms.,	Dr. First N	ame	1	M. I.	Last Name			Jr. etc	Positio	1			
Ms.	Cynt			<u>E.</u>	Lopez						ffice of C	3rants & (Contracts
Dhono # /024	\ 602.30 (`	•				Fax#		ממב מם:	=			
Phone # <u>(831</u>		2					L9V #	(831) 5	82-330				
5. Engineering Full Mr C		-11					Engineer	924	100 457	4			
Name IVIF. L	on Muss	eii			· · · · · · · · · · · · · · · · · · ·		Phone	(831) 4	120-157	!			
Title Cons	ulting Er	gineer			•		E-mail	dmsml	@well.co	om_			
Enter the population col Population Cur Served by stati	line which lation in the umn	(R)ac or (R best describe	ROADCAST	ct and e	or (BN) for both the number the number of PLACE or BROADCAST	or (N)onbroadcas oth or of persons that	the project	NONBRO	of t (# of a)		2. Single Congress District of Applicant	und you the be i	egory der which i request application reviewed 4A
First Service B		5,000								1	5,14	.g. FA 1-0, IX	1 1, 0-0)
ADDED SERV		0 -			¬								·
14. ESTIMA	TED FUN	IDING (WI	hole dolla	rs)	15. Is appli	cation subject to r	eview by E	xecutive Or	der 12372	27	16. l <u>s</u> a	pplicant dei deral Debt?	inquent on
a. Federal Requ		(1)	15,860		YES	This application State EO 12372					any rec	Jerai Debi?	
b. Applicant Sh	are \$		15,860			02/25/2005)	•		NO Enter Y	ES or NO	
TOTAL	r.				NO	Program	s not cover	ed by EO 1	2372			attach expla	anation.
c, TOTAL	. S.		31,720					een selecte	ed by				
d. Fed. % of elig	gible costs		50.00	%		State for r	eview						
17. CERTIF	CATION	BY AUTH	ORIZED	REPR	ESENTATIV	E To the best	of my knov	vledge and l	belief, all d	jata in t	his applica	ation are tru	ie and correc
The document	has been istance is a	duly author	zed by the	nnevog	ng board of th	a applicant and	the applic	ant will cor	nply with	the at	tached as	ssurances a	and the PTF
Mr., Ma., Dr.	First Name		N	1, 1.	Last Name		1 / 202	Jr. etc	Positio	1			··········
TALL OF TALES OF LALL													
Ms.	Cynthia			.	Lopez				Direc	tor. O	ffice of C	Grants & (Contract

714-964-9389

ADDI ICATION EOD					Version 7/03	
APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	4-20-05	Applicant Ider R-9 Tracking	nlller # 05.185	
1. TYPE OF SUBMISSION:		3, DATE RECEIVED BY		State Applicat		
Application	Pre-application				Dr	
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	iller	
Non-Construction	Non-Construction	<u>, </u>				
S. APPLICANT INFORMATION Leggi Name:			Organizational Uni	t:	A.),	
	- Causty		Department;	•		
Municipal Water District of Oran	ga County		Division:			
Organizational DUNS: #087380721	Kt	CEIVLE				
Address:		0 1 200b	Name and telepho	ne number of pe ication (alve er	erson to be contacted on matters	
Street: 10500 Ellis Avenue	I A	PR 2 1 2005	Prefix:	First Name:		
44			<u></u>	Karl		
City: Fountein Valley	STATI	CLEARING HOUSE	Middle Name Wesley			
County:		the state of the s	Lasi Name Seckel		·	
Orange State:	Zip Code 92708		Suffix:		911 mm. 1 mm	
CA Country:	92708	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	P.E.	· · · · · · · · · · · · · · · · · · ·		
Country: USA	The state of the s		kseckel@mwdoc.co		Fax Number (give area code)	
6. EMPLOYER IDENTIFICATIO			1-	Brez Cudej	,	
95-2650400			714/593-5024	A 4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	714/964-9389	
8. TYPE OF APPLICATION:	-		7. TYPE OF APPLI	CANI: (See Dec	ck of form for Application Types)	
If Revision, enter appropriate let	v Continuat	ion D Revision	Special District			
(See back of form for description	of letters.)		Other (specify)			
Other (specify)		<u>u</u>	B. NAME OF FEDE Environmental Prot			
10. CATALOG OF FEDERAL I	OMESTIC ASSISTA	NCE NUMBER:			ICANT'S PROJECT:	
III, CATALOG OF PEDERAL	JOINEST IN AGGINTA		l .		intake System Research and	
TIT: C (No (Do).		66-606	Phase II Hydrogeol	ogy investigation	to determine the feasibility of	
TITLE (Name of Program): Surveys, Studies, Investigations	and Special Purpose	Grants	constructing an oce using a subsurface		plant in Dana Point, California,	
12. AREAS AFFECTED BY PR	DJECT (Cities, Count	les, Stales, etc.):	Lang a appartace	MARO ICI ZOBIOC	or openit rates.	
Orange County, California						
13. PROPOSED PROJECT			14. CONGRESSIO	NAL DISTRICTS		
Start Date: May 18, 2005	Ending Date: June 30, 2006		a. Applicant		b. Project 44 & 48 but will help 40,42,46,47	
15. ESTIMATED FUNDING:	Todate set asset		16. IS APPLICATIO	N SUBJECT TO	REVIEW BY STATE EXECUTIVE	
a. Federal \$		DU .	ORDER 12372 PRO	CESS? REAPPLICATION	N/APPLICATION WAS MADE	
		144,300	AVAILA	NBLE TO THE ST	TATE EXECUTIVE ORDER 12372	
b. Applicant 5		118,064		SS FOR REVIE		
c. State \$		OD .	DATE:	4-20-0	5	
d, Local \$, Sul	b. No. III PROGE	RAM IS NOT CO	VERED BY E. O. 12372	
e. Other \$		EU	OR PR		OT BEEN SELECTED BY STATE	
(. Program Income \$, EG	17. IS THE APPLIC		ENT ON ANY FEDERAL DEBT?	
g. TOTAL \$		262,364 ·	Yes IF Yes" alle	ich an explanatio	n. 🖫 No	
18. TO THE BEST OF MY KNO	WI EDGE AND BELL		1	•		
DOCUMENT HAS BEEN DULY	AUTHORIZED BY TH	住 GOVERNING BODY OF '	THE APPLICANT AN	ID THE APPLICA	ANT WILL COMPLY WITH THE	
ATTACHED ASSURANCES IF	THE ASSISTANCE IS	AWARDED.				
e, Authorized Representative Prefix Mr.	First Name Kevin		Mide	ile Name		
Last Name	Kevin		Suff	nck x		
Hunt			P,E		Latin area code	
b, Tille General Manager		/		elephone Number /583-5025	((Alive 84.65 code)	
d. Signature of Authorized Repre	sentative Day	m 1- HAMA	a. D	ale Signed ii 20, 2005		
Previous Edition Usable	7 00 01	· · · · · · · · · · · · · · · · · · ·	104	(Standard Form 424 (Rev.9-2003)	
Authorized for Local Reproduction	n				Prescribed by OMB Circular A-102	

APR-20-2005 13:	27	WINZLE	ER AND KELLY	·		707 527 8679 P.02			
APPLICATION FOR			2. DATE SUBM	AITTED	·	ant Identifier			
FEDERAL ASSISTAN	ICE								
1. TYPE OF SUBMISSION:			3, DATE RECE	IVED BY STATE	Stat	te Application Identifier			
Application	Preapplicat	ion							
Construction	✓ Constr	uction	A. DATH PAGE	INDEX ALLEGE WOT'	LORNOY FOR	Elin i- Franchior			
Non-Construction	☐ Non-Co	onstruction							
5. APPLICANT INFORMATION				Organization	al Unit:				
				Department:	Department: Public Works				
Lagal Name: City of Cotati					DIVIsion: Engineering				
* Organizational DUNS:	02 0016119					f person to be contacted on matters involving			
Address:					none number or (give area code)				
* Street1: 203 West Sierra Av	3 .			Prefix: Ms.	• First Na	ame: Toni			
Street2:			Middle Name:						
· City: Colali	unty Sonor	19	Last Name:	Bertolero					
State: CA Zip	- · · · · · · · · · · ·	ountry USA	Suffix:	* Email	l: tonibertalero@w-and-k.com				
6. * EMPLOYER IDENTIFICATION	mean, tumm dille	EIVED		er (give area code	- 1 // - 11				
94-1564866			(707) 523-1010		(707) 527-8679				
	APR	2 0 2005			City or Township Government				
8. TYPE OF APPLICATION:	ion 🖂	Ravision		Grane Reports	L				
If Revision, enter appropriate lette	ا ا	STATE CLI	EARING HOUS	E					
A. Increase Award B. Decrease Award	ase Durallon	Lance any pamain language ya yaktazi kumada kumada kapa palata	9. NAME OF	FEDERAL AGE	NCY:				
D. Decrease Duration Other (specify)	,			Environmental	Protection Agen	псу			
10. CATALOG OF FEDERAL DO	SISTANCE	66.463	11 * DESCRIP	PTIVE TITLE OF	APPLICANT'S PROJECT:				
TITLE: Water Quality Cooperative			. !	 1		nonstration Garden(s) on one or more			
THE Water Quality Cooperative	. Argaments			city-owned pr	ity-owned propeties with plants that are suited to the local climate and				
12. * AREAS AFFECTED BY PE		(Cides, Countias, State	s, e(c.):	therefore do n	therefore do not require significant amounts of irrigation.				
City of Cotall, Entire Russian RIV	er Region								
13. * PROPOSED PROJECT:				14. * CONGRE	14. * CONGRESSIONAL DISTRICTS OF:				
		* Ending Date	1	* a, Applicant		* b. Project			
Slan Date 07/01/2005		06/30/2008		6		6			
15. • ESTIMATED FUNDING:		35.43/2553			ATION SURLIE	CT TO REVIEW BY STATE EXECUTIVE			
		228	500.00	ORDER 12372	PROCESS?				
* a. Federal	<u> </u>	230,	<u>. </u>	a. YES, THIS P	PREAPPLICATION	N/APPLICATION WAS MADE AVAILABLE TO R 12372 PROCESS FOR REVIEW ON:			
* b. Applicant	5		0.00			04/20/2005			
* c. State	\$		0.00	✓ YE	_				
d. Local	\$		0.00			COVERED BY E.O. 12372			
e. Other	\$ [0.00			NOT BEEN SELECTED BY STATE FOR REVIEW			
* f. Program Income	\$		0.00	17, IS THE AF	PPLICANT DELII	NQUENT ON ANY FEDERAL DEBT?			
g. TOTAL \$ 2.05,000.00				Yes	if "Yes," attach a	an explanation. V No			
18, * TO THE BEST OF MY KNOWLEDG GOVERNING BODY OF THE APPLICAN	E AND BELIEF, Y AND THE API	ALL DATA IN THE LICANT WILL CO	S APPLICATION/PREA MPLY WITH THE ATTA	PPLICATION ARE TRUE A CHED ASSURANCES IF TO	ND CORRECT. THE HE ASSISTANCE IS	DOCUMENT HAS BEEN DULY AUTHORIZED BY THE AWARDED.			
a. Authorized Prefix: Ms		First Name:	Toni		Middle Name				
Representative Last Name)			••••	Suffix:				
* b. Tille: City Engineer				. Telephone Number ((give area code):	(707) 523-1010			
* Email: tonibertolero@w-and	-k.com		Fa	x Number (give area	code):	(707) 527-4322			
d. Signature of Authorized Repre	sentative:	Com	pleted on submissi	on to Grants.gov	a. Date Signe	ed: Completed on submission to Grants.gov			

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Prescribed by QMB Circular A-102

APPLICATION FO		2. DATE SUBMITTED		Applicant Identifier					
FEDERAL ASSIST	LANCE	April 20, 2005	;		XP-979	915502-0			
I. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIV	ED BY STAT	F		plication Identifier			
Construction Non-Construction	Construction Non-Construction	4. DATE RECEIV	ED BY FEDE	RAL AGENCY	Federal I	dentifier 015502-0			
5. APPLICANT INFORMAT									
Legal Name: I Wentynine I	Legal Name: Twentynine Palms Water District					Organizational Unit: Department: N/A			
Organizational DUNS: 01-8			Divisio	n:	•				
Address:	RECE	Name applica	ind telephone number	r of person	to be contacted on matters involving this				
Street: 72401 Hatch Roa	d APR 2	0 2005	Prefix:	Mr.		First Name; Mike			
City: Twentynine Palms	STATE CLEAR	1	Middle	Name: Odell					
County: San Bernardino		The state of the s	Last Na	me: Wright		M.			
State: California	Zip Code: 92	277	Suffix:						
Country: United States				wright29water@		com			
6. EMPLOYER IDENTIFICA		Phone 1	Number (give area co	de)	Fax Number (give area code)				
8. TYPE OF APPLICATION:	95-6005474					760-367-6612			
If Revision, enter appropriate I (See back of form for descripti	☑ Revision	/. 1YP	R OF APPLICANT:	(See back o	f form for Application Types)				
04(A [Other (s	specify) G						
Other (specify)			9. NAM	IE OF FEDERAL AC		nmental Protection Agency			
10. CATALOG OF FEDERAL	L DOMESTIC ASSISTAN	NCE NUMBER; 66-60	06	SCRIPTIVE TITLE	OF APPLIC	CANT'S PROJECT:			
TITLE (Name of Program): W	JIE State and Tribal Ac	edictor of Count	Dr	inking Water Inf	rastructu	ге			
12. AREAS AFFECTED BY	PROJECT (Cities, Count)	ies. States, etc):		1					
City of Twentynine Palms		,,,.							
County of San Bernardino,	California								
13. PROPOSED PROJECT Start Date: 06/05	Fadle - Day	06/09		14. CONGRESSIONAL DISTRICTS OF:					
Start Date, CO/OS	Ending Date:	UO/UB	a. Appli	CA 41		b. Project CA 41			
15. ESTIMATED FUNDING:			16. IS A	PPLICATION SUBJ	ECT TO R	EVIEW BY STATE EXECUTIVE			
***************************************	,799,355	100.00	n, Yes	☑ THIS PREAPPI	ICATION/	APPLICATION WAS MADE			
h. Applicant \$ 2 c. State \$,300,645		REVIE	MON VRIE LO LHE ZLY.	TE EXECU	TIVE ORDER 12372 PROCESS FOR			
d. Local \$				DATE: April	20, 2005				
e. Other \$			b. No REVIE	☐ PROGRAM IS ☐ OR PROGRAM	NOT COV	ERED BY E. O. 12372 T BEEN SELECTED BY STATE FOR			
f. Program Income \$					LINOUEN	IT ON ANY FEDERAL DEBT?			
	g. TOTAL \$ 4,100,000					⊠ No			
DOCUMENT HAS BEEN DU ATTACHED ASSURANCES a. Authorized Representative	LY AUTHORIZED BY	THE GOVERNING I	THIS APPLIC BODY OF TH	ATION/PREAPPLIC E APPLICANT AND	ATION AF	LE TRUE AND CORRECT. THE LICANT WILL COMPLY WITH THE			
	Name Mike	-		Middle Mann O	iall				
Last Name Wright				Middle Name Odell Suffix					
b. Title General Manager	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		c. Telephone Number (give area code) 760-367-7546					
d. Signature of Authorized Rep	resentative Mil	'n and		c. Date Signed A					
Description Date: N. A.	- 120			1					

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Standard Form 424 (Rev. 9-2003) Prescribed by OMB Circular A-102

Version 7/03

5/0 mg/ 1-27-05 1st opp.

APPLICATION FOR		2. DATE SUBMITTED		Applicant Ident	Version 7/03	
FEDERAL ASSISTANCE			4-14-05			
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY \$	STATE	State Application	on Identifier	
Construction	Construction	4. DATE RECEIVED BY I	EDERAL AGEN	CY Federal Identifi	er	
Non-Construction	☑ Non-Construction					
5. APPLICANT INFORMATION				114.		
Legal Name:	0 (1)	2	Organizational L Department:	Jnit:		
Ms. Janelle	M. De Shaz	er				
Organizational DUNS:			Division:			
Address:					son to be contacted on matters	
Street: 14272 Hoover	(4. 4 18		involving this application (give area code) Prefix: First Name:			
	31. 11 1.00				Janelle	
City: West minister			Middle Name	laree'		
County:	And Andrews and Annual	Last Name	Charry			
State:	Zip Code 07167	3	Suffix:			
Country: 11 C D	1 10 3		Email:			
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (give area code)	Fax Number (give area code)	
54-4886695			714) 901	- 4894	NO	
8. TYPE OF APPLICATION:	1				of form for Application Types)	
∭ Nev	y 🏻 Continuation	n Revision	L. Indiv	idual		
If Revision, enter appropriate lett	er(s) in box(es)				1 1 00000	
(See back of form for description	or letters.)		Other (specify)	tetived ti	landy corped.	
Other (specify)			9. NAME OF FEI	DERAL AGENCY:	CANT'S PROJECT:	
10. CATALOG OF FEDERAL I	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIV	E TITLE OF APPLIC	CANT'S PROJECT:	
	14.18		real pro	perty Imp	w shown wows-	
TITLE (Name of Program):	19.10	, hh-gan	outsil +	point - no	LU Show what some	
12. AREAS AFFECTED BY PR	to Planing + P	evelopment	house le	villed - Neu	siding ranging	
1 . 1		s, States, etc.):	and person	al - some	siding repair -	
Westminster, Drom	ige, CH =		44 CONCRESS	IONAL DISTRICTS)E.	
13. PROPOSED PROJECT	Ending Date:		a. Applicant	IONAL DISTRICTS	b. Project	
Start Date: 2 - 27 - 05	Ending Date:		≤e	1-6	,	
15. ESTIMATED FUNDING:		and to resident	*L		REVIEW BY STATE EXECUTIVE	
a. Federal \$		O Property lives	THIS	PREAPPLICATION	/APPLICATION WAS MADE	
h. A	, c	TOTAL	1 1	ILABLE TO THE STA CESS FOR REVIEV		
b. Applicant \$	5,000 - P	The College of the second				
c. State \$	\ "	APR 2 0 2005	DAT			
d. Local \$		TATE CLEAPING HOL	9END. ITT PRO		ERED BY E. O. 12372	
e. Other \$		TATE CLEAPING	OR	PROGRAM HAS NO REVIEW	T BEEN SELECTED BY STATE	
f. Program Income \$	13	and the same of th	17. IS THE APP		NT ON ANY FEDERAL DEBT?	
g. TOTAL \$	5,000	.00	Yes If "Yes" a	attach an explanation	. No	
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF	. ALL DATA IN THIS APP	LICATION/PREA	PPLICATION ARE T	RUE AND CORRECT. THE	
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF T	HE APPLICANT	AND THE APPLICA	NT WILL COMPLY WITH THE	
a. Authorized Representative		WARDED.				
Prefix	First Name Jan	Mo	M	liddle Name	ē ·	
Last Name DeShaz		V 11 C	S	uffix		
b. Title Self	C/I		c.	Telephone Number	(give area code)	
d. Signature of Authorized Repre	esentative a.	elle M. DeSha	e.	Date Signed	4-05	
· ·	145. (No	UME II. LEING	res	7-1	7-03	

					* *
APPLICATION FOR FEDERAL ASSISTANC	E		E SUBMITTED	July 30, 2004	Applicant Identifier
1. TYPE OF SUBMISSION Application [] Construction [X] Non-Construction	Preapplication [] Construction	3. DATI	E RECEIVED BY	STATE	State Application Identifier
		4. DAT	E RECEIVED BY	FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORM	IATION	DE	CEIVE)	
Legal Name: Santa Barb	para County Air Pollution Co			Organizational Unit: Air	Pollution Control District
Address (give city, count 260 North San Antonio F Santa Barbara, CA 931	Pood '		R 1 9 2005 CLEARING HO	involving this application	imber of the person to be contacted on matters n (give area code) i) 961-8813 DUNS ID:799440722
6. EMPLOYER IDENTIF	CATION NUMBER (EIN)	***************************************	The same and the s	Control of the Contro	IT: (enter appropriate letter in box) [B]
A. Increase Av		ontinuatio		B. Countyl. State Contr C. Municipal J. F D. Township K. I E. Interstate L., II F. Intermunicipal M. I	Independent School Dist. olled Institution of Higher Learning Private University Indian Tribe Individual Profit Organization Other (specify):
				9. NAME OF FEDERAL	AGENCY: Environmental Protection Agency
10. CATALOG OF FEDE ASSISTANCE NUMB TITLE: Air Pollution (ER:	ī	6][6]-[0][0][1]	11. DESCRIPTIVE TITE Air Pollution Program	LE OF APPLICANT'S PROJECT:
12. AREAS AFFECTED Santa Barbara County	BY PROJECT (cities, cour	ities, stat	es, etc):		
13. PROPOSED PROJE	CT:	14. CO	NGRESSIONAL I	DISTRICTS OF:	
Start Date 10-1-04	Ending Date 09-30-05	a. App Sant	licant a Barbara County	•	b. Project Santa Barbara County
15. ESTIMATED FUNDII	NG:		PROCESS?		IEW BY STATE EXECUTIVE ORDER 12372 a. YES:THIS PREAPPLICATION/APPLICATION WAS DATE b. NO: 1 OR PROGRAM HAS NOT BEEN SELECTED BY
a. FEDERAL	\$ 4	182,884	Califo	mia	
b. APPLICANT	\$ 7,4	108,815	Cle	annahouse.	
c. STATE	\$ 1	08,000	916.3	rnia armghause. 123 - 3018	•
d. LOCAL	\$.00			
e. OTHER	\$.00			
f. PROGRAM INCOME	\$.00		LICANT DELINQUENT O	N ANY FEDERAL DEBT? ANATION. [X] NO.
g. TOTAL	\$ 7,9	99,699			
DOCUMENT HAS BEEN	MY KNOWLEDGE AND BE I DULY AUTHORIZED BY CES IF THE ASSISTANCE	THE GO	VERNING BODY	APPLICATION/PREAPPL OF THE APPLICANT ANI	ICATION ARE TRUE AND CORRECT. THE D THE APPLICANT WILL COMPLY WITH THE
a. Typed Name of Auth Terry E	orized Representative Dressler	b. Ti(•	Control Officer	c. Telephone number (805) 961-8853
d. Signature of Authoriz		380	Ense	eler	e. Date Signed MAR 15, 2005
Previous Editions Not Usa	ble				Standard Form 424 (REV 4-88)

					Version 7/03		
PPLICATION FOR EDERAL ASSISTANCE	Ę.	2. DATE SUBMITTED		Applicant Ider			
TYPE OF SUBMISSION:		3. DATE RECEIVED BY 9	BTATE	State Applicat	ion Identifier		
pplication	Pre-application	4. DATE RECEIVED BY F	EDERAL AGENCY	Federal Identi	fier		
Construction	Construction						
Non-Construction	Non-Construction						
APPLICANT INFORMATIO			Organizational Unit				
_	Processor and Development of the Control of the Con	American Land Land II A Locate Land	Department: Public Works				
Cily of Long Beach Organizational DUNS:		LCLVIJ	Division: Sorm Water				
7-529-5832			Name and telephon	e number of p	erson to be contacted on matters		
Address:		APR 1 9 2005 -	involving this application (give area code)				
ilreet: 133 W. Ocean Blvd.			Prefix: Mr.	Thomas			
NTA	——————————————————————————————————————	TE CLEARING HOUS	Middle Name				
City: Long Beach			Last Name				
County:			Leary				
os Angeles	Zip Code 90802		Suffix: N/A				
State: California	90802		Email	anch cov			
Country: United States of America			Tom_Leary@longb	area code)	Fax Number (give area code)		
EMPLOYER IDENTIFICAT	ION NUMBER (EIN):	•	562-570-6023	,	562-570-6012		
95-600073	3			CANT: (See ba	ck of form for Application Types)		
TYPE OF APPLICATION:		,		•/////	• •		
V . N	lew Continuati	on Revision	C				
Revision, enter appropriate See back of form for descript	etter(s) in boxtes)		Other (specify)				
, , , , , , , , , , , , , , , , , , ,		L	9. NAME OF FEDE	RAL AGENCY			
Other (specify)			I United States Envir	onmental Prote	ction Agency		
10. CATALOG OF FEDERA	L DOMESTIC ASSISTAN	ICE NUMBER:	11. DESCRIPTIVE	TITLE OF APP	LICANT'S PROJECT: Ith Smart Sponges (see full		
		66-606	description attache	id)	an chian spanger (
TITLE (Name of Program):							
Appropriations Act of 2004 12. AREAS AFFECTED BY	BDO JECT /Chies Counti	as States etc.)					
	PROJECT (Cities, Counti	03, Glat0a, 019-)-					
City of Long Beach			14. CONGRESSIO	NAL DISTRICT	S OF:		
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant		b. Project		
10/07/04	12/31/05 (or one y	ear from final Installation)	38th *	ON SUBJECT 1	TO REVIEW BY STATE EXECUTIVE		
15. ESTIMATED FUNDING:				A/E967			
a. Federal	5	241,100	E. Yes. AVAIL	PREAPPLICATI	ON/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372		
h 4 - 1 - 2 - 2	S	GG		ESS FOR REV	IEW ON		
b. Applicant		197,264	DATE	4/20/05			
c. State	\$, 55					
d. Local	\$.00	[D. NO. 11]		OVERED BY E. O. 12372		
	\$, w	T OR PE	ROGRAM HAS	NOT BEEN SELECTED BY STATE		
e. Other	3	· (XI	FOR F	REVIEW	UENT ON ANY FEDERAL DEBT?		
f. Program Income	\$	•••	17. IS THE AFFL	CAN DELING			
g. TOTAL	\$	438,364	Yes if "Yes" at				
	NOWLEDGE AND REL	CE ALL BATA IN THE AS	DI ICATIONIBREAD	PLICATION AR	E TRUE AND CORRECT. THE		
IDVC(IMENT HVZ REEN DI	ILY AUTRORIZED BY 11	JE GOAFKHING HORI OL	THE APPLICANT A	ND THE APPL	CANT WILL COMPLY WITH THE		
ATTACHED ASSURANCES	S IF THE ASSISTANCE IS	AWARDED.					
Prefix Ms.	First Name Christine		Middle Name Fidler				
Ms. Last Name	Chusuia			ffix			
Andersen				Telephone Num	ber (give area code)		
b. Title Director of Public Works	^ .				ber (give area code)		
d. Signature of Authorized R	topresentative	to the	les seuls.	Date Signed	//8/85		

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FOR PTFP FU MB Approval 660-0003 APPLICATIO	ON PART I	NTIA/D	epartment of	CFDA 11.5			For PTFP Use
. APPLICA			A STATE SPRINGER FORMA	RECE	IVEC	2. Employ ID # (EIN)	
egal Name Organizational Init	San Bernard	lino Community Col	1	APR 1	8 2005	3. DUNS :	
failing Address (line 1) ddress (line 2 required)	701 South M	lt. Vernon	s	TATE CLEA	RING HOL	JSEL etters	Radio MHz TV Channel
ity	San Bernard	lino		State	CA	County_Sa	n Bernardino Zip 92410-
Administrati	ive Contact			E-mail <u>larr</u>	y_ciecalon	e@kvcr.pbs.org	
Mr., Ms.,	, Dr. First Name Larry	M. I.	Last Nam			Jr. etc Posit	neral Manager
hone # <u>(909</u>			A STATE OF THE STA	Some Dead	Fax #	(909) 885-21	16
Full Mr. T	Fom Guptill			1/5	Engineer Phone	(909) 384-43	346
Title Chie	f Engineer	And California	The second second	—'OUSE	E-mail	_tom_guptill@	kvcr.pbs.org
) to classify projec	zt		-		FCC authoriza are required	Category under which
(P)lanning or (C)onstruction I. Check ONE Enter the popul appropriate col	line which best de	repeater, augme	or (BN) for d enter the numb REPLACE or ent BROADCAST	er of persons th	nat the projec	10.Length of Project (# of months) t will benefitNONBROADCAST tivation or expansion	12 . Single
(C)onstruction Check ONE Enter the popul	line which best delation in the lumn facility; translate	escribes your project an NEW BROADCAST	or (BN) for d enter the numb REPLACE or ent BROADCAST	er of persons the	nat the projec	Project (# of months) t will benefit NONBROADCAST	21 the application be reviewed Broadcast C 12. Single Congressional District of Applicant 42
. Check ONE Enter the populappropriate col	line which best delation in the lumn facility; translate trently ion dded by	escribes your project an NEW BROADCAST repeater, augme	or (BN) for d enter the numb REPLACE or ent BROADCAST	er of persons the Digital Conversion of protection of prot	nat the projec	Project (# of months) t will benefit NONBROADCAST	21 the application be reviewed Broadcast C 12. Single Congressional District of Applicant
Check ONE Check ONE Enter the popul appropriate col Population Cur Served by station First Service ac NEW proposed ADDED SERVI	line which best delation in the lumn facility; translate trently ion facility.	escribes your project an NEW BROADCAST repeater, augme	or (BN) for d enter the numb REPLACE or ent BROADCAST	er of persons the Digital Conversion of protection of prot	nat the projec	Project (# of months) t will benefit NONBROADCAST	21 the application be reviewed Broadcast C 12. Single Congressional District of Applicant 42 13. Other Cong. districts served by project (e.g. PA 1-3, NY 4, 5-9)
(C)onstruction 1. Check ONE Enter the population Cur Served by station First Service and NEW proposed ADDED SERVI those covered I Federal Requipage Applicant Share TOTAL	line which best delation in the lumn facility; translate trently ion facility. ICE to by others TED FUNDING lest \$ are \$	escribes your project an NEW BROADCAST repeater, tor. G (whole dollars) 140,006 140,006 280,012	or (BN) for d enter the numb REPLACE or int BROADCAST MENT	ication subject t This applicati State EO 123 02/28/200 Prograr or Prograr	o review by E on was made 172 process for 5	Project (# of months) t will benefit NONBROADCAST tivation or expansion Executive Order 123 are available to the	21 the application be reviewed Broadcast C 12. Single Congressional District of Applicant 42 13. Other Cong. districts served by project (e.g. PA 1-3, NY 4, 5-9) CA 24-48
C)onstruction (C)onstruction Check ONE Enter the population Curserved by station First Service ac NEW proposed ADDED SERVITHOSE COVERED IN Federal Requipage Applicant Shall TOTAL Fed. % of eligen Construction of the covered in the covered i	line which best deplation in the facility; translate trentty ion dded by difacility ICE to by others TED FUNDING lest \$ are \$ gible costs	G (whole dollars) 140,006 280,012 50.00 WITHORIZED REP	or (BN) for d enter the numb REPLACE or int BROADCAST MENT 15. Is appliYESNO	ication subject t This application State EO 123 02/28/200 Prograr Or Prograr To the be	o review by E on was made from is not cover ram has not be review st of my knov	Project (# of months) It will benefit NONBROADCAST tivation or expansion Executive Order 123 e available to the or review on red by EO 12372 peen selected by	21 the application be reviewed Broadcast C 12. Single Congressional District of Applicant 42 13. Other Cong. districts served by project (e.g. PA 1-3, NY 4, 5-9) CA 24-48 72? 16. Is applicant delinquent on any Federal Debt? NO Enter YES or NO If YES, attach explanation.
Check ONE Enter the population Cur Served by station First Service ac NEW proposed ADDED SERVI those covered In the service at the service ac NEW proposed ESTIMATION Federal Requipation Curic Service ac NEW proposed CERTIFIC Service ac NEW proposed In the service ac NEW propos	line which best delation in the facility; translate trently ion deed by defacility. ICE to by others TED FUNDING are \$ gible costs CATION BY A stance is awarded.	escribes your project and NEW BROADCAST repeater, augmeted tor. G (whole dollars) 140,006 280,012 50.00 % AUTHORIZED REPluthorized by the governing to the second support	or (BN) for d enter the numb REPLACE or int BROADCAST MENT 15. Is appliYES NO RESENTATIV ning board of th	ication subject to the applicant or Program or Program or Program or To the be applicant and the subject to the	o review by E on was made from is not cover ram has not be review st of my knov	Project (# of months) It will benefit NONBROADCAST it with or expansion Executive Order 123 are available to the or review on red by EO 12372 peen selected by wiledge and belief, all ant will comply with 4090	21 the application be reviewed Broadcast Congressional District of Applicant 42 13. Other Cong. districts served by project (e.g. PA 1-3, NY 4, 5-9) CA 24-48 16. Is applicant delinquent on any Federal Debt? NO Enter YES or NO If YES, attach explanation.
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Check ONE Check ONE Enter the population Cur Served by station Check ONE Enter the population Cur Served by station Check ONE Population Cur Served by station Check One Check O	line which best de	escribes your project and NEW BROADCAST repeater, augmeted tor. G (whole dollars) 140,006 280,012 50.00 % AUTHORIZED REPluthorized by the governing to the second support	or (BN) for d enter the numb REPLACE or int BROADCAST MENT 15. Is appliYES NO RESENTATIV ning board of th	ication subject t This application State EO 123 02/28/200 Program or Program or Program To the be e applicant an Phone # (19)	o review by E on was made 172 process for m is not cover ram has not but review st of my know d the applica	Project (# of months) It will benefit NONBROADCAST tivation or expansion Executive Order 123 e available to the or review on red by EO 12372 been selected by wledge and belief, al ant will comply with 4090 Jr. etc Position	21 the application be reviewed Broadcast (12. Single Congressional District of Applicant 42 13. Other Cong. districts served by project (e.g. PA 1-3, NY 4, 5-9) CA 24-48 72? 16. Is applicant delinquent on any Federal Debt? NO Enter YES or NO If YES, attach explanation.

1

APPLICATION FOR PTFP FUNDS PAGE 2

Public 1 — ecommunications Facili — s Program NTIA/Department of Commerce/Washington DC 20230

CFDA 11.550

18. Summary of application (Summarize Grant funds will be used to purch multi-channel digital broadcasting installation of the new digital mass master plan for total digital conve	nase and in g available. ster control.	stall new produ A new antenn	ction equi	ipment to o	ere instal	led in phas	se one. Pha	se two inclu	ded the
19. Types of Applicant (Enter appropriate	e letter in box)			20. Static		THIS	S YEAR		IF PROJECT
· · · · · · · · · · · · · · · · · · ·				Operations		Number	Hrs./Wk	Number	Hrs./Wk
A. State J. Private Univer B. County K. Indian Tribe C. Municipal L. Individual (NO D. Township M. Non-profit		ole for PTFP funding)		Full-	Time Staff	1:	8 40	18	40
E. Interstate O. Other (specify F. Intermunicipal G. Special District	E. Interstate O. Other (specify) F. Intermunicipal			Part-Time Staff		1:	2 16	12	16
H. Independent School District State Controlled Institute of Higher learning	_			\	Volunteers	15	0 4	150	4
				Operati	ng Budget	\$	2,593,506	\$	3,145,225
21. Public Broadcasting Affiliations Enter "Y" if applicant is currently CPB qualified If applicant is NOT currently CPB qualified,	appl Not	ck if nonbroadcast ication and therefo Applicable cted qualification		This year		as appropria	al public broadc te. NFCB PRI		Other
is expected.	enter "Ý" if qualification is expected.			Next year	Υ	Υ	Υ	THE STATE OF THE S	m
(circle one) another Federal r	e Chan	apply to, or receives s project or a relate arding funds from C	CC File # d funds from ed project? CPB or other	n, the Corpora	ation for Pu	Site Name blic Broadcae emarks sectic	sting (CPB) or	Owned Lea	ed to San
City Los Angeles, CA City Huntington Beach, CA City Los Angeles, CA	(1 MV for FM,		aff thi (C Cc St	fected by is Project ities, ounties, ates, c.)	Bernard	ino County	v, Riverside (os Angeles (County, port	ions of
REMARKS (continuation of any items from			on plain pa	per attached	to this page	e if necessary	/)		
SEE ATTACHED									

APPLICATION FOR				OMB A	pproval No. 0348-00	
FEDERAL ASSISTANCE	2. DATE SUBMITTED April	4, 2005	Applicant Identifier			
1. TYPE OF SUBMISSION:	3. DATE RECEIVED	BY STATE	State Application Identifier			
Application Preapplication ☐ Construction ☐ Construction ☐ Non-Construction ☐ Non-Construct		BY FEDERAL AGENCY	Federal lo	dentifier		
5. APPLICANT INFORMATION Legal Name:		Organizational Unit:				
City of Lindsay					Marie Ma	
Address (give city, county, State, and zip code):		Name and telephone number of person to be contacted on matters involved this application (give area code)				
P.O. Box 369 Lindsay, CA 93247			,	E0 E60 7100		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		Scot B. Town 7. TYPE OF APPLICATION			box)	
9 4 - 6 0 0 0 3 5 7					С	
8. TYPE OF APPLICATION:		A. State B. County		endent School Dist. Controlled Institution of Higher Learning		
New	on Revision	C. Municipal D. Township E. Interstate		University Tribe		
The vision, enter appropriate letter(s) in box(es)		F. Intermunicipal	M. Profit (Organization		
A. Increase Award B. Decrease Award C. In D. Decrease Duration Other(specify):	ncrease Duration	G. Special District	N. Other (Specify)		
D. Decrease Duration Other(specify).		9. NAME OF FEDERAL AGENCY:				
	and the second s	USDA Rural Dev	elopmen	t		
10. CATALOG OF FEDERAL DOMESTIC ASSISTAN	ICE NUMBER:	11. DESCRIPTIVE TI	TLE OF AP	PLICANT'S PROJE	CT:	
	1 0 - 7 6 6	Community Facil	ities Gra	nt		
TITLE: Community Facilities Grant		First Response \	/ehicles	THE RESIDENCE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN C		
12. AREAS AFFECTED BY PROJECT (Cities, Counti Lindsay, Tulare County, California	es, States, etc.):	1 iist itespolise v	CHIOICS	RECE APR 1 8	IVED	
13. PROPOSED PROJECT 14. CONGRESSION				APRIS	8 2000	
Start Date Ending Date a. Applicant	21	b. Project		CTA	1 20Ch	
Ending Date d. Applicant		·		STATE CLEARIN	NG HOUSE	
15. ESTIMATED FUNDING:		16. IS APPLICATION		TO REVIEW BY ST	ATE EXECUTIVE	
a. Federal \$	00	ORDER 12372 PF	OCESS?		-	
USDA	33,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MA AVAILABLE TO THE STATE EXECUTIVE ORDER PROCESS FOR REVIEW ON:		ON/APPLICATION W	/AS MADE	
b. Applicant \$	00			ORDER 12372		
c. State \$.00		04/15/			
d. Local \$.00	DATE				
General Fund	27,000	b. No. PROGRAM IS NOT COVERED BY E. O.				
e. Other \$		FOR REV		NOT BEEN SELECT	IED BY STATE	
f. Program Income \$.00	17. IS THE APPLICA!	NT DELING	UENT ON ANY FED	ERAL DEBT?	
g. TOTAL \$	60,000	Yes If "Yes,"			☑ No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIE DOCUMENT HAS BEEN DULY AUTHORIZED BY TI	HE GOVERNING BODY OF T					

b. Title CityManager

d. Signature of Authorized Representative

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a. Type Name of Authorized Representative Scot B. Townsend

Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

c. Telephone Number (559) 562-7103

e. Date Signed

APPLICATION FOR				OMB Approval No. 0348-0043			
FEDERAL ASSISTANCE 2. DATE SUB		2. DATE SUBM	ITTED	Applicant Identifier 49 U.S.C.,			
		April	14, 2005	CH. 53, Sections 5303 and 5313(b)			
1 TYPE OF SUBMISSION:		3. DATE RECEI	IVED BY STATE	State Applicant Identifier			
	Preapplication Construction	Ì		94-6001344-C			
Construction	Construction	4. DATE RECE	IVED BY FEDERAL AGENCY	Federal Identifier			
X Non-Construction	Non-Construction						
5. APPLICANT INFORMATION							
Legal Name:			Organizational Unit:	-			
California Department of			Division of Transportation				
Address (give city, county, State,	and zip code):		this application (give area code)	person to be contacted on matters involving Sharon Scherzinger, Chief			
P. O Box 942874, MS - 32 Sacramento, CA 94274-00	101		Office of Regional and I	- .			
Sacramento County	,		Transportation Planning				
6. EMPLOYER IDENTIFICATION	J NIIMBER (FIN):		7. TYPE OF APPLICANT: (enter				
94-60013			The state of the	A			
	417		A. State H. Indepe	endent School Dist.			
8. TYPE OF APPLICATION:			,	ontrolled Institution of Higher Learning			
Name IVI can	tinustian Davisian		C. Municipal J. Private D. Township K. Indian	University			
New X Cor	ntinuation Revision		E. Interstate L. Individ	TibeRECEIVED			
If Revision, enter appropriate lette	r(s) in box(es)		F Intermunicipal M Profit	Organization			
			G. Special District N. Other	(Specify) APR 1 8 2005			
A. Increase Award B. Decr D. Decrease Duration Other (s	ease Award C. Increase Du	uration					
D. Decrease Duration Other (s	ipecity).		Department of Transpor	tation ATE CLEARING HOUSE			
			9. NAME OF FEDERAL AGENCY: Department of Transportation, Region IX				
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU	MBFR:	11. DESCRIPTIVE TITLE OF AP	PLICANT'S PROJECT:			
TO. ORIALOG OF TEDETINE DO							
	2 0 5	1 4	FY 2005 49 U.S.C., Chap				
TITLE: Transit Planning	and Research		****	rogram - \$9,537,983 (Estimate)			
12. AREAS AFFECTED BY PRO-	JECT (Cities, Counties, Sta	tes, etc.):	FY 2005 49 U.S.C. Chapt				
State of California			State Planning & Resear	rch Program - \$1,852,405 (Estimate)			
13. PROPOSED PROJECT:	14. CONGRESSIONAL DI	STRICTS OF:					
FY 2005 OWP Program	California S	tatewide		•			
Start Date Ending Date	a. Applicant		b. Project Statewide Transit Plann	ina			
July 1, 2005 June 30, 2006 15. ESTIMATED FUNDING:	Statewide			TO REVIEW BY STATE EXECUTIVE			
13. ESTIMATED FORDING.			ORDER 12372 PROCESS				
a. Federal	\$.00	1				
	11,390,388			TION/APPLICATION WAS MADE			
b. Applicant	\$.00		STATE EXECUTIVE ORDER 12372			
c. State	<u> </u> \$.00	PROCESS FOR REV	TEW ON:			
C. State	Ψ	.00	DATE April 14	4. 2005			
d. Local	\$.00	1				
	1,475,746			OT COVERED BY E. O. 12372			
e. Other	\$.00		HAS NOT BEEN SELECTED BY STATE			
f. Program Income	 \$.00	FOR REVIEW				
II. Program income	ľΨ	.00	17. IS THE APPLICANT DELING	UENT ON ANY FEDERAL DEBT?			
g. TOTAL	\$.00	1	<u></u>			
	12,866,134		Yes If "Yes," attach an ex	xplanation. X No			
			APPLICATION/PREAPPLICATION				
DOCUMENT HAS BEEN DULY A THE ATTACHED ASSURANCES			OF THE APPLICANT AND THE AF	PLICANT WILL COMPLY WITH			
a. Type Name of Authorized Rep			OFFICE OF REGIONAL	c. Telephone Number			
SHARON SCHERZINGER	/)	ŕ	ERAGENCY PLANNING	(916) 653-3362			
d. Signature of Authorized Repre	sentative .	AND IIVI	LIAGLIOT FLANNING	e. Date Signed			
a. Signaturo or rathorizod riepie	Seriativo			April 14, 2005			
11/101911 1/01	uying						
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APPLICATION FOR			OMB Approval No. 0348-0043				
FEDERAL ASSISTANCE 2. DATE SUBM		/IITTED	Applicant Identifier				
°v	Apri	l 14, 2005	FY 2005 PL Overall Work Program				
1 TYPE OF SUBMISSION:		IVED BY STATE	State Applicant Identifier				
Application Preapplication			04 0001044 0				
Construction Construction	4 DATE RECE	IVED BY FEDERAL AGENCY	94-6001344-C Federal Identifier				
X Non-Construction Non-Construct	, ,	IVED DI I EDENAL AGENOT	Todoral Idonation				
5. APPLICANT INFORMATION							
Legal Name:		Organizational Unit:					
California Department of Transportation		Division of Transportation Planning					
Address (give city, county, State, and zip code):			erson to be contacted on matters involving				
P. O Box 942874, MS - 32	CEIVED	this application (give area code)	Sharon Scherzinger, Chief				
1	. Chose V been keed	Office of Regional and In					
Sacramento County	P 1 8 2005	Transportation Planning.					
6. EMPLOYER IDENTIFICATION NUMBER (EINAF	N I 0 2003	7. TYPE OF APPLICANT: (enter	· · · · · · · · · · · · · · · · · · ·				
9 4 6 0 0 1 3 4 7 STATE	CLEARING HOUSE	A. State H. Indeper	A A A A A A A A A A A A A A A A A A A				
8. TYPE OF APPLICATION:	The state of the s	B. County I. State co	ntrolled Institution of Higher Learning				
		C. Municipal J. Private	•				
New X Continuation R	evision	D. Township K. Indian					
If Revision, enter appropriate letter(s) in box(es)		E. Interstate L. Individu F. Intermunicipal M. Profit C	aı Organization				
The vision, enter appropriate retter(s) in box(cs)		G. Special District N. Other (
A. Increase Award B. Decrease Award C. Incr	ease Duration						
D. Decrease Duration Other (specify):		9. NAME OF FEDERAL AGENCY					
		Department of Transport					
	december of the second section of the section of th	Federal Highway Adminis	stration, Region IX				
10. CATALOG OF FEDERAL DOMESTIC ASSISTAN	ICE NUMBER:	11. DESCRIPTIVE TITLE OF APP	LICANT'S PROJECT:				
ļ							
2 0	0 2 0 5	FY 2005/06 Federal Planr	ning Funds				
TITLE: MPO Highway Planning		\$35,572,578.00 in FHWA	PL Funds (Estimate)				
12. AREAS AFFECTED BY PROJECT (Cities, Count	ies, States, etc.):						
State of California							
13. PROPOSED PROJECT: 14. CONGRESSIO	NAL DISTRICTS OF:						
FY 2005 OWP Program Califo	rnia Statewide						
Start Date Ending Date a. Applicant		b. Project					
July 1, 2005 June 30, 2006 Statewide		Statewide Metropolitan P					
15. ESTIMATED FUNDING:			O REVIEW BY STATE EXECUTIVE				
a. Federal \$.00	ORDER 12372 PROCESS					
35,572		a VES THIS PREAPPLICAT	TION/APPLICATION WAS MADE				
b. Applicant \$.00	AVAILABLE TO THE STATE EXECUTIVE ORDER 12372					
		PROCESS FOR REVIEW ON:					
c. State \$.00						
		DATE April 14,	2005				
d. Local \$ 4,608,	.00	b. No. PROGRAM IS NOT COVERED BY E. O. 12372					
1	.00		IAS NOT BEEN SELECTED BY STATE				
e. Other \$.00	FOR REVIEW	AS NOT BEEN SELECTED BY STATE				
f. Program Income \$.00						
		17. IS THE APPLICANT DELINGU	JENT ON ANY FEDERAL DEBT?				
g. TOTAL \$.00	7_					
40,18	1,383	Yes If "Yes," attach an exp	olanation. X No				
18. TO THE BEST OF MY KNOWLEDGE AND BELL							
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE ATTACHED ASSURANCES IS THE ASSISTANCE		OF THE APPLICANT AND THE API	PLICANT WILL COMPLY WITH				
THE ATTACHED ASSURANCES IF THE ASSISTANCES. Type Name of Authorized Representative		OFFICE OF REGIONAL	c. Telephone Number				
a. Type Name of Authorized Representative							
SHARON SCHERZINGER	AND IN	TERAGENCY PLANNING	(916) 653-3362 e. Date Signed				
d. Signature of Authorized Representative							
Slawn X Khunner			April 14, 2005				
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APPLICATION FOR				OMB Approval No. 0348-0043			
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier			
		April	14, 2005	FY 2005 SP&R Partnership Planning			
1 TYPE OF SUBMISSION:		3. DATE RECEI	VED BY STATE	State Applicant Identifier			
1	Preapplication			04 0001244 0			
Construction	Construction	4 DATE RECEI	VED BY FEDERAL AGENCY	94-6001344-C Federal Identifier			
X Non-Construction	Non-Construction	4. DATE RECEIVED BY PEDERAL AGENCY		1 Gastar factions			
5. APPLICANT INFORMATION							
Legal Name:			Organizational Unit:				
California Department of			Division of Transporta				
Address (give city, county, State,	and zip code):		'	f person to be contacted on matters involving			
P. O Box 942874, MS - 32	SACROMORPHIA MIRRORA		this application (give area code	• • • • • • • • • • • • • • • • • • • •			
Sacramento, CA 94274-00	001	THE R. P. LEWIS CO., LANSING, MICH.	Office of Regional and				
Sacramento County	RECE	:WED	Transportation Plannii				
6. EMPLOYER IDENTIFICATION		- Militarian Benegiti	7. TYPE OF APPLICANT: (en				
94-60013	47 APR 1	8 2005		A			
8. TYPE OF APPLICATION:				pendent School Dist. controlled Institution of Higher Learning			
8. TYPE OF APPLICATION:	STATE CLEAR	ING HOUSE	,	ate University			
New X Cor	ntinuation Revision		•	an Tribe			
		-	E. Interstate L. Indiv				
If Revision, enter appropriate lette	er(s) in box(es)			it Organization			
A. Increase Award B. Decr	ease Award C. Increase Dui	ration	G. Special District N. Othe	er (Specify)			
D. Decrease Duration Other (s		iation	9. NAME OF FEDERAL AGEN	CY:			
	,		Department of Transpo				
			Federal Highway Administration, Region IX				
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NUM	IRFR:	11. DESCRIPTIVE TITLE OF A	PPLICANT'S PROJECT:			
To GATALOG OF TEBETIAL BO	WESTIG ASSISTANCE NON	ADLIII.	THE DECORATION OF P	ar Eloant of Hoolot.			
	2 0 5	1 5	FY 2005/06 Federal Pla	nning & Research Funds			
TITLE: State Planning ar	nd Research Program	4 h	\$1 059 625 00 in FHW	A SP&R Funds (Estimate)			
12. AREAS AFFECTED BY PRO-		es, etc.):	ψ1,005,020.00 III 1 1 III P	(Commute)			
State of California	, , ,	,					
13. PROPOSED PROJECT:	14. CONGRESSIONAL DIS	TRICTS OF:					
FY 2005 OWP Program	California Sta	atewide					
Start Date Ending Date	a. Applicant		b. Project				
July 1, 2005 June 30, 2006	Statewide		Statewide Planning &	Research Studies			
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJEC	T TO REVIEW BY STATE EXECUTIVE			
	, <u>, ,</u>		ORDER 12372 PROCESS				
a. Federal	\$.00					
la Appliant	1,059,625	.00		CATION/APPLICATION WAS MADE			
b. Applicant	\$.00	PROCESS FOR RE	E STATE EXECUTIVE ORDER 12372			
c. State	\$.00	PROCESS FOR NI	EVIEW OIN.			
	•		DATE April 1	14, 2005			
d. Local	\$.00					
	264,906		b. No. PROGRAM IS NOT COVERED BY E. O. 12372				
e. Other	\$.00	l ——	M HAS NOT BEEN SELECTED BY STATE			
f Drogram Income	\$.00	FOR REVIEW				
f. Program Income	Ψ	.00	17 IS THE ARRIVANT DELIN	IQUENT ON ANY FEDERAL DEBT?			
g. TOTAL	\$.00	17. IS THE APPLICANT DELIN	IQUENT ON ANT I EDERAL DEBT:			
9.101/12	1,324,531	.00	Yes If "Yes," attach an	explanation. X No			
18. TO THE BEST OF MY KNOW	I /LEDGE AND BELIEF. ALL	DATA IN THIS A	PPLICATION/PREAPPLICATION	ON ARE TRUE AND CORRECT, THE			
				APPLICANT WILL COMPLY WITH			
THE ATTACHED ASSURANCES							
a. Type Name of Authorized Rep	resentative b. Title	CHIEF, C	OFFICE OF REGIONAL c. Telephone Number				
SHARON SCHERZINGER	<u> </u>	AND INT	ERAGENCY PLANNING	(916) 653-3362			
d. Signature of Authorized Repres	sentative			e. Date Signed			
(Marana VI)	Mineria			April 14, 2005			
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